

Dutch Neck Presbyterian Church Cooperative Nursery School
MEDICAL INFORMATION

Child's Full Name _____ Birthdate _____ Sex _____

Address _____ Home Phone _____
Mailing Address

Physician's Name _____ Phone _____

Does your child have any medical condition we should know about?

Is there evidence of allergies such as eczema, allergic rhinitis, insect stings, etc., which the school should know: (please specify) **If allergy medication needs to be administered in the event of an emergency, please complete the Medication Permission Form obtained from the school office.**

Does this child have any food restrictions? (please specify)

EMERGENCY MEDICAL TREATMENT PERMISSION

In case my child has an accident or becomes ill and my doctor is not available, I give permission for my child _____ to be treated by the University Medical Center at Princeton Emergency Room.

Parent or Guardian Signature _____ Date _____

DNPCCNS CHILD ENROLLMENT FORM

(continued)

Behavioral description of your child (social, quiet, energetic, independent, etc.) that might be helpful:

Does your child have playmates of the same age?

Describe your child's special interests (toys, games, sports, etc.):

Does your child have any fears that would be helpful for your teacher to be aware of?

Does your child have any special needs? If yes, please explain.

Child's Physician _____ Phone Number _____

Does your child have any allergies? _____ If yes, is EpiPen prescribed? _____
(List *ALL* allergies including food sensitivities; describe reaction and treatment) If medication needs to be administered by teacher, please complete **Medication Permission Form** obtained in the office.