

Saint Mary Magdalene Catholic Church Preschool

MEDICAL RELEASE FORM
(Please complete one form per child)

Name of Student: _____ Date of Birth: _____

Address: _____ Home Phone: _____

City: _____ ST: _____ Zip: _____

Father/Guardian's full name: _____

Home Address: _____ Cell Phone: _____

Email: _____ Home Phone: _____

Place of business: _____

Address: _____ Phone: _____

Mother/Guardian's full name: _____

Home Address: _____ Cell Phone: _____

Email: _____ Home Phone: _____

Place of business: _____

Address: _____ Phone: _____

Primary Card Holder _____

Insurance Carrier: _____

Insurance Policy Number: _____ Group #: _____

Insurance Address _____

_____ Phone Number _____

Preferred Hospital in the event of an emergency:

Name: _____ City: _____

Special considerations to be aware of (i.e. allergies, medications and dosage my son/daughter is currently taking, physical handicaps, behavioral issues, mental handicaps or limitations, birth defects, Mongolian spot, etc.)

× _____

Parent/Guardian

_____ Date