

North Kern Christian Preschool & Daycare

710 Peters St.
Wasco, CA 93280

(661) 758-6889
License Numbers 150405029

Emergency Medical Treatment ~ Medical History *Complete Both Sides*

Name _____
Last First Middle

Birth Date _____ Sex _____ Age _____

Parent or Guardian _____

Home Address _____

_____ Phone # _____ Cell # _____

Business Address _____

_____ Phone # _____

Second Parent or Guardian or Emergency Contact _____

Home Address _____

_____ Phone # _____ Cell # _____

Business Address _____

_____ Phone # _____

Emergency Contact _____

Home Address _____

_____ Phone # _____ Cell # _____

Medical History (check and give approximate dates)

- Chicken Pox _____
- Hay Fever _____
- Heart Disease _____
- Diabetes _____
- Epilepsy _____
- Bleeding/Clotting Disorder _____
- Asthma _____
- Mumps _____
- Valley Fever _____

Is child presently under a doctor's care? ____yes ____no

What treatment is required for any of the above checked items? _____

Operations or serious injuries (dates) _____

Current indications _____

Food Allergies or Dietary modifications _____

Other diseases or details of above _____

I, the undersigned parent or legal guardian of _____ a minor, do hereby authorize any member of the North Kern Christian School staff, as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician, surgeon or licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

This authorization shall remain effective as long as the child is attending the NKC Preschool.

Physician _____ Phone _____

If physician cannot be reached, what action should be taken?

Additional persons who may be called in an emergency:

Name	Phone	Relationship
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_____	_____	_____
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_____	_____
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Insurance Coverage: (include a copy of card)

Insurance Company _____

Phone No. _____ Policy No. _____

Social Security Number of Primary Insuree _____