

Holy Rosary Catholic School

1043 Lake Avenue, Detroit Lakes, MN 56501

Phone: 218-847-5306 Fax: 218-847-6367

Health Care Summary (6) For Preschool

Child's Name: _____

Child's Parent: _____

Child's Physician _____

Address _____ Phone _____

Child's Dentist _____

Address _____ Phone _____

If this Physician or Dentist cannot be reached, what action should be taken?

Hospital _____ Other _____

Who will bring the child to school? _____

Who will pick up the child from school? _____

Is there anyone who is not authorized to pick up the child for any reason? If so, name _____

Required immunizations up to date? Yes _____ No _____

Does your child have any food allergies? _____

Session child is to be enrolled: Days _____

Hours _____

In the event of nay emergency, I give my permission for HOLY ROSARY PRESCHOOL to use any of the following emergency facilities:

St. Mary's Innovis Health

Innovis Clinic

Merit Care Clinic

D.L. Ambulance Service

I also give permission for Holy Rosary Preschool to administer Syrup of Ipecac if necessary, as directed by the MN Poison Control Center, Phone # 1-800-764-7661.

Signature of Parent or Guardian

Date

Name (printed) _____