Date of Admission	Allergies	**Child Information Card** **Christ Lutheran Little Lambs Preschool** **13815 Cherrywood Drive, Baxter, MN 56425**		
Date of Discharge				
Name of Child (Last, First, Middle Initial)		Address (Number and Street, Building/Apt Number)		
Child's Date of Birth	Home Phone	City	State	Zip Code

Father/Legal Guardian's Name		Home Phone	Mother/Legal Guardian's Name		Home Phone
Home Address (If not child's address)		Cell Phone	Home Address (If not child's address)		Cell Phone
City	State	Zip Code	City	State	Zip Code
Employer / School Name			Employer / School Name		
Address (Employer/School)			Address (Employer/School)		
City	State	Zip Code	City	State	Zip Code
Employer/School Phone	Daily Work/School Times		Employer/School Phone	Daily Work/School Times	

I give permission to_____ to secure emergency medical and/or emergency surgical treatment
(Provider's Name)

for my child_____ while in their care.

Signature of Parent of Guardian	Date Signed

Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number	
Date of Last DTaP (Diptheria, tetanus, pertussis) Shot		Hospital Preferred for Emergency Treatment	
Name of Local Person to be Notified in an Emergency		Local Address of Emergency Person	
Home Number	Cell Number	City, State	Zip Code
Special Need / Instructions:			
Name(s) of Person other than Parent or Legal Guardian to whom child may be released			