



Jesus' Lambs at Peace Preschool
2090 Commerce Drive
North Mankato, MN 56003
(507) 385-7752

Admission and Arrangements

Child's Name

Last _____ First _____ Middle _____
Date of Birth _____ Age _____
Referred By _____

Parent Information

Mother

Father

Name _____
Home Address _____
Home Phone _____
Work Address _____
Work Phone _____

Emergency Information: Those authorized to assume responsibility in an emergency or to remove child if we cannot reach you.

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____
3. Name _____ Address _____ Phone _____

Name of Parent or Guardian's Insurance Company

Name _____ Contact No. _____ Group No. _____

Allergies of Child / Meds your child is taking

Authorization of Jesus' Lambs at Peace Preschool to transport child on field trips.

Yes _____ No _____

Signature _____

I understand it is my responsibility to keep information on this form up-to-date. The preschool is not liable if this information is inaccurate or outdated.

Parent/Guardian _____ Date _____

Director of Jesus' Lambs at Peace Preschool



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Medical Emergency Authorization Card
JESUS' LAMBS AT PEACE PRESCHOOL

Child's Name _____ **Birth date** ___/___/___
Address _____ **City / State / ZIP** _____
Home phone # _____

Mother's Name _____ **Father's Name** _____
Employer _____ **Employer** _____
Work phone _____ **Work Phone** _____

Name of relative / friend _____
Home phone _____ **Work phone** _____

Out of state contact (in case of natural disaster) _____
Name _____ **Relationship** _____ **Phone** _____

Child's Physician _____
Address _____
Phone _____

Child's dentist _____
Address _____
Phone _____

Special instructions if child is injured or ill _____

Medical Release: I authorize Jesus' Lambs at Peace to seek emergency medical treatment for my child. I give permission to the emergency room physician to secure proper emergency treatment and to order injection, anesthesia or other emergency treatment if I (we) cannot be contacted. It is understood that a conscientious effort will be made to locate me or my spouse before action is taken. But if it is not possible to locate us, I accept the expense. In the event of life-threatening emergency, I understand that "911" will be called to take my child to Mayo Health Center in Mankato.

_____/_____/_____
Parent / Guardian's signature **Date**