

CHILD MEDICAL INFORMATION

CORNERSTONE METHODIST CHURCH PRESCHOOL
18081 West Rd.
HOUSTON, TX 77095
Office: 281-859-1612 Fax: 281-859-4567

INSURANCE AND WORK INFORMATION

CHILD'S BIRTHDATE _____

Child's Name _____ Parents' Names _____

Address _____ City _____ Zip _____

Phone _____

Mother's Work _____ Phone _____

Father's Work _____ Phone _____

Dr. Name _____ Phone _____ Hospital _____

Insurance Co. _____ Policy/Group# _____

ALLERGY RELEASE (Please write 'NONE' if no special problems - Required by State Licensing)

If this child has any special medical problems, (frequent illnesses, medical or food allergies, etc.), please list and explain.

EMERGENCY RELEASE FORM (Signature Required)

I, _____ hereby authorize Cornerstone Preschool to arrange and/or transport to the closest emergency care center for any emergency medical assistance needed by my child, _____, while attending this program, and I agree to hold the staff and Cornerstone Methodist Church harmless from any injuries or illness incurred while attending the program. **Insurance Waiver Statement:** Where no proof of insurance is established, parents of students must assume legal responsibilities for expenses incurred for injuries to students that occur at school or on co-curricular activities. I have read and understand the above.

Parent or Guardian Signature

Date