



TIGARD PLAYSCHOOL, INC.

9845 SW WALNUT PLACE, SUITE 100 • TIGARD, OR • 97223
503-639-8110 • WWW.TIGARDPLAYSCHOOL.COM



HEALTH & EMERGENCY CONSENT FORM

Class (please circle): 2's 3's Mixed Age Pre-K

Child's Full Name: _____ DOB: _____ Gender: _____

Home Address: _____ Home Phone: _____

City: _____ Postal Code: _____

Parent #1 Full Name: _____ Parent #2 Full Name: _____

Parent #1 Work Address _____ Parent #2 Work Address _____

Parent #1 Work Phone _____ Parent #2 Work Phone _____

Parent #1 Cell Phone _____ Parent #2 Cell Phone _____

Emergency name, relation & phone in case neither parent can be contacted (LOCAL ONLY PLEASE):

1. _____

2. _____

3. _____

Child's Doctor: _____ Phone: _____

Do you have health insurance? YES NO Provider: _____

Health card number/member # _____ Group # _____

In case of emergency, to which hospital should your child be taken? _____

Child's Dentist: _____ Phone: _____

Do you have dental insurance? YES NO Provider: _____

Child's dental card number/member # _____

Please circle any of the following your child has had:

- | | | | | | |
|----------------|----------------|----------|-----------------|-----------------|----------|
| Concussions | Ear infections | Measles | Rheumatic fever | Heart Murmur | Diabetes |
| Kidney disease | Tonsillitis | Mumps | Pneumonia | Fainting Spells | |
| German measles | Scarlet fever | Epilepsy | Chicken pox | Whooping Cough | |

Allergies:

Medication Asthma Hay Fever Bee Sting Skin Food

If food or medication, please list: _____

Operations or serious illnesses: _____

Physical defects, if any, including vision & hearing: _____

Is your child under any treatment or doctor's care? _____

Is your child currently taking any medications, if so, what? _____

If your child needs to receive prescription medication during school hours, do you give the teacher permission to administer it? YES NO

I understand that in case of an emergency, my spouse or I would be contacted immediately. If neither of us can be reached, the school would attempt to contact our designated emergency contacts and then our physician. If none of these people can be reached, someone from the school will take my child to the hospital I have specified for emergency treatment. In a life or death situation, the TRFDP rescue unit will be called first; I also understand that my child may be taken to the nearest hospital to which they are taken. We release Tigard Playschool, Inc. from any and all liabilities for injuries or illnesses resulting from conditions or circumstances beyond its control.

Parent's Signature: _____ Date: _____

Tigard Playschool, Inc. does not discriminate on the basis of race, color, national and ethnic origin.