



Trinity Preschool of Berwyn
 50 Main Avenue Berwyn, PA 19312
 610-644-9370 – Fax 610-644-8429

Medical Form 2010-2011
 Release Form 2010-2011 (reverse side)

ALLERGIES: _____
 Medication needed: _____

Student Information:

Last Name: _____ First Name: _____ Home Phone: _____
 House/Street: _____ City: _____ State/Zip _____
 Birthdate M/D/Y: _____

Parent Emergency contact:

Parent Name _____ Parent cell # _____
 Parent Name _____ Parent cell # _____

Non-Parent Emergency contacts: *In case of emergency, these contacts may have access to my child's health information.*

Contact name: #1 _____ #2 _____
 Daytime Phone: _____
 Cell Phone: _____
 Relation to child: _____

Medical Information

Physician's Name _____
 Phone # _____
 Medical Insurance _____
 Policy # _____

Medications: Type & Purpose _____
 Prescribing Physician _____
 Please list physical disabilities or special needs which may impair or limit service rendered to your child and special instructions related to those needs:

 Signature of Parent/Guardian

 Date

 Print Name of Parent/Guardian

PLEASE SEE REVERSE SIDE FOR MORE INFORMATION
 NEEDED...(Release Form)

NAME OF CHILD _____

I agree that the following list of people have my permission to have my child(ren) released to them and to drive them from school. Permission additions must be done in writing.

Parent Signature: _____

	Driver's Name	Home Telephone #	Cell Phone #	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

*Custody papers must be on file with the school office prior to beginning school.