

Avon Lake City Schools

LEAPS PRESCHOOL PROGRAM

LEAPS Emergency Medical Form

Dear Parents,

Please complete the following enrollment information and return it to school with your child on his/her first day of school. Thank You.

Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

If your child becomes ill in school and the family is not at home, please give us the following information so you can be reached. We will attempt to notify the parents first, unless you specify otherwise.

Father's Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please list the name(s), address(es) and telephone number(s) of, at least, two people - OTHER THAN THE PARENT(S) - who will be responsible for the child if the school is unable to contact the parent(s).

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any additional people to whom your child may be released to in your absence:

Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Please complete the following:

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_