

Date of Admission		Allergies		<b>Child Information Card</b> <b>Christ Lutheran Little Lambs Preschool</b> <b>13815 Cherrywood Drive, Baxter, MN 56425</b>		
Date of Discharge						
Name of Child (Last, First, Middle Initial)				Address (Number and Street, Building/Apt Number)		
Child's Date of Birth		Home Phone		City	State	Zip Code
Father/Legal Guardian's Name		Home Phone		Mother/Legal Guardian's Name		Home Phone
Home Address (If not child's address)		Cell Phone		Home Address (If not child's address)		Cell Phone
City	State	Zip Code		City	State	Zip Code
Employer / School Name				Employer / School Name		
Address (Employer/School)				Address (Employer/School)		
City	State	Zip Code		City	State	Zip Code
Employer/School Phone		Daily Work/School Times		Employer/School Phone		Daily Work/School Times

I give permission to _____ Little Lambs Preschool _____ to secure emergency medical and/or emergency surgical treatment (Provider's Name)			
for my child _____ while in their care.			
Signature of Parent of Guardian			Date Signed
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number	
Date of Last DTaP (Diphtheria, tetanus, pertussis) Shot		Hospital Preferred for Emergency Treatment	
Name of Local Person to be Notified in an Emergency		Local Address of Emergency Person	
Home Number	Cell Number	City, State	Zip Code
Special Need / Instructions:			
Name(s) of Person other than Parent or Legal Guardian to whom child may be released			