

# Please Sign and Return

## Frisco Community Bible Church Preschool

10055 Warren Parkway Frisco 75035 [www.friscocbc.org/Preschool](http://www.friscocbc.org/Preschool)  
469-927-8252 (Director)

### < Medical Information: School Year 2023 - 2024 >

Student Name:	Date of Birth:	Father's Name:	Mother's Name:
<b>Emergency Contact (other than parents)</b>			
Name 1:	Relationship:	Phone:	
Name 2:	Relationship:	Phone:	
<b>Medical Information</b>			
Family Doctor's Name:			
Doctor's Phone:			
Medical Insurance Carrier:		ID/Policy #:	
Medical Center:		Location:	
Allergies/ Other health concerns:			
Medical restrictions or allergic reactions due to medications:			
<b>Medical Authorization</b>			
<p>I hereby give my permission and such emergency medical care or dental treatment as my child might require while under PLC supervision. Every effort will be made to notify parents and to contact the physician or dentist immediately. I agree to pay all the costs and fees for any emergency treatment for my child as authorized under this consent. I release the PLC and FCBC from liability for action taken pursuant of this release.</p>			
_____		_____	
Parent's or Guardian's Signature		Date	

<b>Health-Care Professional's Statement</b>	
I have examined the above named child within the past year and find that he or she is able to take part in the day care program.	
_____	
Physician's Signature:	Date