

**Wake Forest Presbyterian Preschool
Personal Data Sheet**

STUDENT

Last Name

First

Middle

DOB

____/____/____
Month Date Year

Street Address

Home Phone

City

State

Zip

Emergency Phone

MOTHER/GUARDIAN

Last Name

First Name

Cell Phone

Employer

Work Phone

FATHER/GUARDIAN

Last Name

First Name

Cell Phone

Employer

Work Phone

EMERGENCY CONTACT

(If parent/guardian cannot be contacted)

Last Name

First Name

Phone

Address

Relationship

Password

ALLERGIES

List any severe allergies (Food/Environmental, Stinging Insects/Bees, Other)

Required treatment (Epi-Pen, Benadryl, Other)

Permission for Medical Attention

Physician

Doctor's Name

Phone Number

Preferred Hospital

Name of Practice

Health Insurance

Company Name

Policy Number/ID

I agree that the Director of Wake Forest Presbyterian Preschool or designated alternate may authorize the emergency medical attention for my child in my absence in the event that I can not be contacted immediately.

Parent/Guardian Signature