DUTILH PRESCHOOL

1270 Dutilh Road • Cranberry Township, PA 16066 • 724-776-1093

CHILD INFORMATION:

Name: _____ Birth date: _____

Parents: _____ Phone: Home _____
_____ Work _____
Cell _____

DOCTOR INFORMATION:

Name: _____ Phone: _____

Address: _____

MEDICAL INFORMATION:
List any special medical or dietary information:

_____

_____

_____

EMERGENCY NUMBERS:

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

MEDICAL TREATMENT PERMISSION:

In the event of an emergency, I give the staff of Dutilh Preschool permission to take

_____ to _____ for treatment.
(Child) (Hospital)

_____ Date: _____
(Signature of parent/guardian)