

Medical Information Form  
New Hope Preschool

Child Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Parent/Legal Guardian Names: \_\_\_\_\_

Parent/Legal Guardian Cell Phones:

\_\_\_\_\_

\_\_\_\_\_

Medical Condition: \_\_\_\_\_

*Please provide detailed information below on what are normal conditions and what is emergency reactions/conditions that we should look for.*

List Normal conditions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List Emergency Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list out all other special instructions for the care of your child:

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Name of person completing the forms:

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*Please note this form will need to be replaced a year from the date above and if any changes need to be made.*