



Medical, Dietary, and Release Information

Good Shepherd Lutheran Preschool

Accredited by the Maryland State Department of Education
16420 S. Westland Dr.
Gaithersburg, Maryland 20877

Phone: 301-963-1955

Fax: 301-869-8126

Email: gspreschool@outlook.com

Website: www.gslp-gaithersburg.org

Directory Information

Child's Name: _____ Birthdate: _____

Street Address: _____ Gender: ☐ Female ☐ Male

City/State/Zip: _____ Phone: _____

Preferred Email Address: _____

May the information above, along with the parent names listed below, be published in the
GSLP Directory, distributed **only** to Preschool families? ☐ Yes ☐ No

Parent Information

Parent/Guardian 1 Gender: ☐ Female ☐ Male

Full Name: _____

Occupation: _____

Mobile Phone: _____

Work Phone: _____

Email Address: _____

Parent/Guardian 2 Gender: ☐ Female ☐ Male

Full Name: _____

Occupation: _____

Mobile Phone: _____

Work Phone: _____

Email Address: _____

Emergency Contact Information

GSLP must have **two phone numbers** for emergency contacts who can be given the details of any emergency situation and who can make decisions concerning the child should GSLP be unable to reach the child's parents/guardians. **One phone number must be an out-of-area number (i.e., a phone number that does not have a 202, 301, or 240 area code).**

Local Contact Name: _____ Phone: _____

Out-of-Area Contact Name: _____ Phone: _____

Child Release Authorization

The following persons (must be over age 16) have permission to pick up the above-named child from GSLP. **You must list at least two people.** Parents listed above are assumed to have pick-up authorization unless a custody arrangement is provided.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

In emergencies requiring immediate medical attention, 9-1-1 help will be summoned and your child will be taken to the nearest hospital emergency room. You will be contacted as soon as possible. If permitted, a staff member will stay with your child until you arrive. Your signature below authorizes the Good Shepherd Lutheran Preschool staff to have your child transported and treated by medical personnel.

Parent/Guardian Signature

Date



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Medical Information

Does your child have any allergies (especially to food and medicine)? ☐ Yes ☐ No List: _____

Does your child have any chronic medical conditions? ☐ Yes ☐ No List: _____

Is your child on any routine medication? ☐ Yes ☐ No List: _____

Was your child born prematurely? ☐ Yes ☐ No If yes, how many weeks? _____

Has your child had surgery or been hospitalized for more than 24 hours? If yes, please describe. ☐ Yes ☐ No

Have you noticed any vision or hearing problems? If yes, please describe. ☐ Yes ☐ No

Are there any other medical circumstances the Preschool should know? If yes, please describe. ☐ Yes ☐ No

Has Child Find or any other screening agency (speech, etc.) evaluated your child? If yes, please describe. ☐ Yes ☐ No

Does your child have any diagnosed learning or other disabilities? If yes, please describe. ☐ Yes ☐ No

Please indicate which, if any, of the following services your child has received:

- | | | |
|---|--|---|
| <input type="checkbox"/> Speech | <input type="checkbox"/> PEP | <input type="checkbox"/> Infants and Toddlers |
| <input type="checkbox"/> Private counseling | <input type="checkbox"/> Group therapy | <input type="checkbox"/> Any other program for developmental concerns |

Please describe, in detail, the services received (age begun, frequency, diagnosis, etc.).

Do you have concerns about your child's development (behavior, language, speech, coordination, etc.)? ☐ Yes ☐ No
If yes, please describe.

Dietary Information

Please check any family dietary restrictions: ☐ Vegetarian ☐ Vegan ☐ Cultural or religious dietary restrictions (specify below)

Please specify any restrictions on the following foods. *Do not check "no" for items your child simply does not like to eat.*

Eggs? ☐ Yes ☐ No ☐ Only in cooked/processed food **Milk and milk products?** ☐ Yes ☐ No ☐ Only in cooked/processed food

Beef? ☐ Yes ☐ No **Pork?** ☐ Yes ☐ No **Chicken?** ☐ Yes ☐ No **Turkey?** ☐ Yes ☐ No **Fish?** ☐ Yes ☐ No

Please list any other foods to be avoided and state reason to be avoided below. (List any food allergies on Health Care Plan.)

I understand that GSLP participates in Eat Smart Maryland, a school food and nutrition program administered by MSDE. I understand that my child will be served milk or juice and a snack each time she/he attends GSLP unless I specifically restrict his/her participation in this program. I will contact the preschool's Administrative Director for the appropriate form if I wish to restrict my child's intake of any of these items.

Parent/Guardian Signature

Date