



EMERGENCY FORM 2017-2018
PLEASE PRINT CLEARLY WITH BLUE OR BLACK INK

CHILD'S FULL NAME: _____ BIRTHDATE: _____

STREET ADDRESS: _____ AGE: _____

CITY, STATE, ZIP CODE: _____ HOME PHONE #: _____

NICKNAME: _____ GENDER: _____

MOTHER'S FULL NAME: _____ HOME PHONE #: _____

STREET ADDRESS: _____ CELL PHONE #: _____

CITY, STATE, ZIP CODE: _____ EMAIL ADDRESS: _____

OCCUPATION: _____ WORK PHONE#: _____ EXT.# _____

NAME OF EMPLOYER: _____ WORK HOURS: _____

FATHER'S FULL NAME: _____ HOME PHONE #: _____

STREET ADDRESS: _____ CELL PHONE #: _____

CITY, STATE, ZIP CODE: _____ EMAIL ADDRESS: _____

OCCUPATION: _____ WORK PHONE#: _____ EXT.# _____

NAME OF EMPLOYER: _____ WORK HOURS: _____

Parent/Guardian with legal custody: _____

Parents are: Married Living Together Divorced Separated Widowed Single

NAME OF ADULT(S) IN HOUSE: _____

RELATIONSHIP TO PRESCHOOLER: _____

NAME OF ADULT(S) IN HOUSE: _____

RELATIONSHIP TO PRESCHOOLER: _____

PLEASE TURN OVER →

EMERGENCY CONTACTS (Other than parents listed - in order of preference if parents are unavailable)

#1 Name _____	Relationship to preschooler _____	Daytime phone # _____
#2 Name _____	Relationship to preschooler _____	Daytime phone # _____
#3 Name _____	Relationship to preschooler _____	Daytime phone # _____

Please feel free to attach extra sheet containing additional emergency contacts.

PERSONS NOT AUTHORIZED TO PICK UP MY

CHILD: _____

COMMENTS:

Physician Name: _____ Phone #: _____

Hospital preference: _____

Health Concerns (including medications taken regularly and food allergies):

Siblings and ages:

Additional concerns:

____Please check if there is a custody agreement in place. The preschool teacher should be given a copy of any court document regarding custody in order that for the preschool to be in compliance.

EMERGENCY INFORMATION: If emergency treatment is required, I consent for the Preschool teacher to use her judgment in sending my child to the hospital or doctor most easily accessible, and I will be responsible for any medical fees incurred by such an emergency.

By signing this form, I am acknowledging the above information is correct. If any information on this form changes, I agree to notify the Preschool personnel in writing immediately.

Parent/Guardian (Mother) _____ Date: _____

Parent/Guardian (Father) _____ Date: _____