

PRE-SCHOOL EMERGENCY INFORMATION (Please Print or Type)



CHILD'S NAME _____

BIRTHDAY: _____

HOME ADDRESS: _____

HOME PHONE: _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

CONTACT INFORMATION

MOTHER: HOME _____ WORK _____ CELL _____

FATHER: HOME _____ WORK _____ CELL _____

E-MAIL _____

ALTERNATE EMERGENCY CONTACT PERSON (S)

NAME: _____ PHONE _____ RELATIONSHIP _____

NAME: _____ PHONE _____ RELATIONSHIP _____

MEDICAL INFORMATION (ALLERGIES TO MEDICATIONS, FOODS, OTHER SUBSTANCES, ETC)

HOSPITAL PREFERENCE _____

CHILDS DOCTOR _____

I agree that the operator may authorize the physician of his/her choice to provide emergency medical care in the event that neither I, my spouse, alternate contact(s) nor my child's doctor can be located immediately.

Parent's Signature: _____ Date _____

Operator's Signature: _____ Date _____