

Emergency Information

Child's Name: _____ Birthday _____

If my child shall require emergency treatment or care while under the supervision of Precious Lambs Preschool, I authorize the following plan of notification:

Parent/Guardian Names: _____

Mother's Home Address: _____ City _____

Mother's Home Phone: _____ Cell Phone: _____

Mother's Work Address: _____ City _____ Phone _____

Father's Home Address (if different than above) _____ City _____

Father's Home Phone: _____ Cell Phone: _____

Father's Work Address: _____ City _____ Phone _____

If we cannot be reached, contact the following Emergency Contacts who live in the immediate area and are less than a 20 minute drive to preschool. These people have my permission to pick up my child or accompany him/her to an emergency facility. **Two people are required to be listed.**

Name: _____ **Relationship:** _____

Address: _____ **City:** _____

Home Phone: _____ **Cell Phone:** _____

Name: _____ **Relationship:** _____

Address: _____ **City:** _____

Home Phone: _____ **Cell Phone:** _____

Child's Physician or Certified Health Practitioner (if medically exempt)

Name: _____ **Address:** _____

City: _____ **Phone:** _____ **Hospital:** _____

Allergies or other Medical Information (i.e. medications taking currently):

Parent Signature: _____ **Date:** _____