

**PRESCHOOL EMERGENCY FORM AND INFORMATION (Please Print)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Birthday \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian 1 – Cell Phone \_\_\_\_\_

Parent/Guardian 1 Employment & Phone \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian 2 – Cell Phone \_\_\_\_\_

Parent/Guardian 2 Employment & Phone \_\_\_\_\_

Siblings & Ages \_\_\_\_\_

Names & Phone Numbers in Case of Emergency (We call parents first)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Allergies \_\_\_\_\_

Medication Taken \_\_\_\_\_

If you or your emergency contacts cannot be reached in an emergency, and if in the judgement of the preschool staff immediate medical and/or hospital attention is needed, do you authorize responsible park district staff to send your child (properly accompanied) to an available hospital or physician?  
Yes \_\_\_\_ No \_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

List the persons allowed to pick up your child. They will only be able to leave with those listed below, unless a call from parent to the school is made or a written note (Will ask for identification if unfamiliar with the person)

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_