

Preschool Emergency Information Form

Name: _____

Address: _____
Street City Zip

Phone: _____ Birthdate: _____ Age: _____

Parent/Guardian: _____ Relationship: _____

Employer: _____ Work Phone: _____

Home Phone: _____ Cell Phone/Pager: _____

Allergies (please include any and all food allergies): _____

Medications: _____

Doctor's Name: _____

Doctor's Phone: _____

Alternate Emergency Contacts:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

I give the Preschool Staff permission to seek medical attention for my child in case of emergency.

Parent/Guardian Signature Date