

Emergency Contact Card

Class _____

Child's Name _____ Male _____ Female _____

Birth date _____ Home Phone _____

Address _____

Mothers Name _____ Cell _____

Address _____ Phone _____

Employer _____ Phone _____

Email _____

Fathers Name _____ Cell _____

Address _____ Phone _____

Employer _____ Phone _____

Email _____

Alternate Emergency Contacts

(Persons to call in case of emergency if parents cannot be reached. They may transport the child.)

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

(Complete Other Side)

Physician _____ Dentist _____

Address _____ Address _____

Phone _____ Phone _____

Allergies _____ Preferred Hospital _____

Other persons authorized to transport child from the preschool facility:

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

I give permission to the staff of **All God's Children Preschool** to make whatever emergency measures are judged necessary for the care and protection of my child while under the supervision of the school. In the event of an injury or illness requiring immediate attention, I authorize the staff of **All God's Children Preschool** to use paramedics and/or the nearest clinic or hospital. I will assume finical responsibility for any medical care.

Parent/Guardian Signature _____ Date _____