



ALL GOD'S CHILDREN PRESCHOOL
Emergency Contact Information

STUDENT'S INFORMATION

CLASS _____

Student's Name _____
Birth Date _____ Home Phone # _____
Address _____
City, State, Zip _____

PARENT/GUARDIAN'S INFORMATION

Mother's Name _____ Cell Phone # _____
Address _____
(if different than above)
Employer _____ Employer Phone # _____
Email _____
Father's Name _____ Cell Phone # _____
Address _____
(if different than above)
Employer _____ Employer Phone # _____
Email _____

MEDICAL INFORMATION

Allergies _____
Physician Name _____ Phone # _____
Physician Address _____
Dentist Name _____ Phone # _____
Dentist Address _____
Preferred Hospital _____

ALTERNATE EMERGENCY CONTACTS

Persons to call in case of emergency when parent(s) cannot be reached. Emergency contacts may transport the child.

Name _____ Cell Phone # _____
Address _____
Name _____ Cell Phone # _____
Address _____

TRANSPORTATION

Persons authorized to transport child from the preschool facility.

Name _____ Cell Phone # _____
Name _____ Cell Phone # _____
Name _____ Cell Phone # _____

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 assume all financial responsibility for any medical care.

Parent/Guardian Signature

Date