

Celebration Preschool
Emergency Information Card
2021-2022

Name of Child _____ DOB _____
Parents/Guardians' Name _____
Address _____

City _____ Zip Code _____

Mother/Guardian's Numbers **Father/Guardian's Numbers**

Home Phone _____ Home Phone _____
Work _____ Work _____
Cell Phone _____ Cell Phone _____

Child's Dentist _____ Phone Number _____
Address _____
Child's Physician _____ Phone Number _____
Address _____
Allergies/Medical Alert _____
Medications _____

In the event that I cannot be reached please notify (listed in the order of preference):

1. Name _____ Relationship _____ Phone Number _____
Address _____ City _____ State _____ Zip _____
2. Name _____ Relationship _____ Phone Number _____
Address _____ City _____ State _____ Zip _____

If land phone lines in our area are down please list someone who lives out of town that we may contact to let then know that your child is safe.

1. Name _____ Relationship _____ Phone Number _____

Persons **AUTHORIZED** to pick up child besides parents: _____

Persons **NOT AUTHORIZED** to pick up child: _____

Parents' marital status: Married Single Separated Divorced Who has legal custody? _____

APC Celebration Preschool has my permission, in the event that there is an immediate emergency or situation in which medical care must be administered to my child and when I or my child's physician cannot be contacted, to take my child to the emergency room of the nearest hospital. The hospital and the medical staff have my authorization to provide treatment which a physician deems necessary (which may include arrangements for the administration of anesthesia) to provide necessary treatment for my child. The parents are responsible for payment of medical expenses.

Signature of parents _____ Date _____

Insurance Company _____ Policy/ID Number _____