

Celebration Preschool
Emergency Information Card
2024-2025

Name of Child _____ DOB _____

Parents/Guardians' Name _____

Address _____

Mother/Guardian's Numbers

City _____ Zip Code _____
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 them 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? _____

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 _____