

# Identification and Emergency Information



Child's name \_\_\_\_\_

Class \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

Work Name \_\_\_\_\_

Work Address \_\_\_\_\_

Father/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

Work Name \_\_\_\_\_

Work Address \_\_\_\_\_

## PERSONS AUTHORIZED TO PICK UP CHILD

Name	Home phone	Work phone	Cell phone

## PERSONS TO BE CALLED IN CASE OF EMERGENCY

Name	Relationship to child	Address	Phone (and type of phone)

Is there any pertinent medical history of which we should be aware, such as allergies, nose bleeds, etc? \_\_\_\_\_ If yes, please specify. \_\_\_\_\_

Is your child on regular medication? \_\_\_\_\_ If yes, please specify. \_\_\_\_\_

Please check this box if you require a Medication Authorization form so that your child may be given medication while at preschool.

Please check this box to approve application of sunscreen if needed.

Name of person completing form \_\_\_\_\_ Date \_\_\_\_\_

