Identification and Emergency Information

Child’s Full Name ________________________________________________

Mother/Guardian _________________________________________________
Home Phone ________________________________________ Cell Phone _______________________
Work Phone ______________________________________ Work Name ______________________

Father/Guardian _________________________________________________
Home Phone ______________________________________ Cell Phone _______________________
Work Phone ______________________________________ Work Name ______________________

PERSONS AUTHORIZED TO PICK UP YOUR CHILD (other than parents/guardian listed above)

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
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</table>

PERSONS TO BE CALLED IN CASE OF EMERGENCY (other than parents/guardian listed above)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to child</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
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Is there any pertinent medical history of which we should be aware?  Yes  No
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 and bug spray if needed.

Name of person completing form __________________________________ Date ______________________