

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)

Name	Home Phone	Cell Phone	Work Phone

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

Name	Relationship to child	Phone Number

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 _____