

# Identification and Emergency Information



Child's Full Name \_\_\_\_\_

Child lives with:

Both parents      Mother      Father      Guardian      Other \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Company Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Company 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 Long-Term Medication Authorization form (required if your child will need medication while at preschool).

Please check this box to approve application of sunscreen and bug spray, if needed.

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