



Emergency Contacts & Permission Form

Session: _____

Child's Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

Parent #1 Work Phone: _____ Parent #2 Cell Phone: _____

Parent #2 Work Phone: _____ Parent #2 Cell Phone: _____

EMERGENCY INFORMATION AND CONTACT LIST

Physician's Name: _____ Phone #: _____

List child's allergies: _____

List Work Numbers and Numbers of Nearby Relatives and Friends:

Name: _____ Relationship: _____ No: _____

Name: _____ Relationship: _____ No: _____

Name: _____ Relationship: _____ No: _____

PERMISSION FORM:

In the event I cannot be contacted, I authorize the Director of Miss Barbara's Preschool or his/her designee permission to communicate with any physician, nurse or healthcare provider in reference to any medical condition or treatment of my child.

If necessary, I authorize my child to be transported by ambulance for treatment.

Signature: _____ Date: _____