MISS BARBARA'S PRESCHOOL
PO BOX 484~LAKE GROVE~NY~11755
PHONE: 981-1271

Emergency Contacts & Permission Form

Session: _____

Child's Name:_____Date of Birth:_____

Address:_____

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

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

EMERGENCY INFORMATION AND CONTACT LIST

Physician's Name:_____Phone #:_____

List child's allergies: _____

In the event you can not be reached, list contact numbers of nearby relatives/friends

	Name	Relationship	Contact number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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:_____