

Grace Church Preschool Emergency Information Form

Child's Name: _____ Sex: _____

Address: _____ City: _____ Zip: _____

Birthday: _____ Home Phone#: _____

Mother's Name: _____ Cell Phone#: _____

Mother's Employer: _____ Work Phone#: _____

Father's Name: _____ Cell Phone#: _____

Father's Employer: _____ Work Phone#: _____

Alternate persons (local) to be notified in case of emergency:

Name: _____ Relationship: _____

Home Phone#: _____ Work#: _____

Cell#: _____

Name: _____ Relationship: _____

Home Phone#: _____ Work#: _____

Cell#: _____

Medical Information:

Physician's Name: _____ Phone #: _____

Health Insurance Carrier and number: _____

Special health problems or comments: _____

My child will be picked up by: _____ after school daily.

Alternate: _____ Phone number: _____

Alternate: _____ Phone number: _____

*The names listed above are authorized to pick up your child from school. No one else may pick up your child without verbal permission and picture ID is required upon pickup.

If parents or authorized physician cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send the student (properly accompanied) to the hospital or doctor most easily accessible. It is understood that I will assume full responsibility for payment of any services rendered.

Signature: _____ Date: _____