

St. John's Preschool Emergency Information

Class session: _____

Child's Name _____ Date of Birth _____
(first) (middle) (last)

Address _____ City, State ZIP _____

E-mail address _____ Phone _____

Mother's Name _____ Phone _____

Mother's Address (if different) _____ Cell _____

Father's Name _____ Phone _____

Father's Address (if different) _____ Cell _____

Physician's Name _____ Office Phone _____

Physician's Address _____

Dentist's Name _____ Office Phone _____

Dentist's Address _____

Hospital Preference _____ Emergency Phone _____

Insurance information (carrier, policy number, name of insured) _____

Allergies/special health needs: _____

Please indicate if there is someone that is **NOT** allowed access to your child for any reason _____

Emergency contacts and persons (must have 4) authorized to pick up student or care for student if parent cannot be reached

Name: _____ Address _____ Phone _____

Name: _____ Address _____ Phone _____

Name: _____ Address _____ Phone _____

Name: _____ Address _____ Phone _____

EMERGENCY POLICIES AND PROCEDURES

In case of an accident or illness, our procedures will be to contact the parent. Please make arrangements for proper care in case your child should meet with an accident or become too ill to remain in school at a time when you are away from home or work.

Please designate neighbors, relatives or friends who would be willing and available to care for and pick up your child at school until you can be reached.

In case of an emergency, we will utilize 911 assistance and an emergency ambulance service may be asked to transport your child to the nearest hospital. If a hospital preference has been indicated on the front of this card, we will attempt to honor that preference to the best of our ability.

Please complete the above information. This keeps our records up to date and speeds emergency care according to your wishes. The school should be notified immediately if any changes occur — (address, telephone, doctor, etc). This card must be completed and returned before your child can attend school.

In case of a medical emergency, I hereby authorize St. John's Preschool to take necessary action to ensure that necessary assistance is provided when a parent cannot be reached or is delayed, including transportation to a hospital for emergency medical treatment.

Parent/Guardian signature: _____ Date _____