Ready Teddy Preschool Emergency Health Card Child's Name Child's Nick Name Child's Birthdate Parent #1 Name (first to call) Parent #1 Phone Number Parent #2 Name Parent #2 Phone Number Emergency Friend Name (Name of responsible adult who will assume responsibility if parent can't be reached) **Emergency Friend Phone Number** Does your child have any allergies? Please List All Current Medications Date of Last Physical Status of Child's Immunization Physicians Name Physicians Phone Names and Ages of Other Children in Family Previous Preschool Experience Special Concerns About Your Child? (Speech, Vision, Hearing, Socialization) In Addition To Parents, Please List Any Additional People Who Are Permitted to Pick

Please return to the Recreation Center at 1501 Barnsdale Road or email to mritacco@communityparkdistrict.org by the first day of school.

Up Your Child From School

Please List Any People Who Are NOT Permitted to Pick Up Your Child From School