

**GARBER PRESCHOOL
PARTICIPANT EMERGENCY INFORMATION AND AUTHORIZATION
2018-2019**

PARTICIPANT'S PERSONAL INFORMATION:

CHILD'S NAME: _____ DATE OF BIRTH: _____ GENDER _____

ADDRESS: _____

HOME PHONE: _____ EMAIL: _____

FATHER : _____ WORK PHONE: _____ CELL PHONE: _____

MOTHER: _____ WORK PHONE: _____ CELL PHONE: _____

LIST TWO (2) EMERGENCY CONTACTS (other than parents)

(1) _____
NAME ADDRESS PHONE RELATIONSHIP

(2) _____
NAME ADDRESS PHONE RELATIONSHIP

MEDICAL INFORMATION: (Please continue on the back should you need additional space for this information.)

ALLERGIES: _____ DAILY MEDICATION: _____

PHYSICAL LIMITATIONS: _____

DIABETIC? _____ YES _____ NO OTHER HELPFUL INFORMATION: _____

PRIMARY PHYSICIAN _____ PHONE NUMBER _____

DENTIST _____ PHONE NUMBER _____

INSURANCE INFORMATION:

NAME OF INSURED: _____ INSURED'S SOCIAL SECURITY #: _____

COMPANY: _____ POLICY NO.: _____

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION
(Notary Public Required – Notary MUST witness your signature)**

In the event that my child, _____, is in need of medical assistance and I am unable to authorize such assistance hereby authorize the Garber United Methodist Preschool Staff in which my child, herein named above, is participating to request medical assistance on said child's behalf.

DATE

PARENT'S SIGNATURE

Sworn to and subscribed before me this the _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____ (SEAL)