

STUDENT EMERGENCY INFORMATION CARD

Mount Olive Christian Preschool 2025-26

STUDENT

Last Name First M.I.

Home Address City Zip

Primary Phone # Birthdate

Lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Legal Guardian

MOTHER/GUARDIAN

Last Name First

Employer Address

Home Address (if different from above) City State/Zip

Phone #

email address

FATHER/GUARDIAN

Last Name First

Employer Address

Home Address (if different from above) City State/Zip

Phone #

email address

AUTHORIZED CONTACTS

Please list the names of relatives/neighbor/friends in close proximity to the school to whom we may release your child or contact if you cannot be reached.
NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PARENTS, GUARDIANS OR ADULTS LISTED ON THIS CARD.

Name	Relationship	Phone #

MEDICAL INFO

Physician Address Phone

Dentist Address Phone

Insurance Company Policy #

ALLERGIES

EMERGENCY CARE

I HEREBY GRANT PERMISSION FOR THE DIRECTOR AND/OR TEACHERS TO TAKE WHATEVER STEPS MAY BE NECESSARY TO OBTAIN EMERGENCY CARE FOR MY CHILD.

These steps may include the following:

1. Attempt to contact parent or guardian.
2. Attempt to contact parents through persons listed on the Emergency Card.
3. Attempt to contact the child's physician.
4. If we cannot reach the child's parent or physician, we will do any or all of the following:
 - a. Call a doctor at Riverway Clinic of Anoka
 - b. Call 911
 - c. Have the child taken to Mercy Medical Center in the company of a staff member by way of emergency vehicle. The school will continue to try to reach parents.
5. Any expenses incurred under #4 above will be borne by the child's family.
6. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment or on subsequent papers.

Signed: _____ Date _____
Parent or Legal Guardian



Mount Olive Christian Preschool
700 Western Street -- Anoka, MN 55303
(763) 421-9048