

EMERGENCY/TRANSPORTATION

CHILD'S NAME _____ Date _____

In case of emergency, phone numbers are needed where **parents** can be reached during preschool hours. Please list them in the order that you would prefer to be called.

Name _____ Phone _____
Cell _____

Name _____ Phone _____
Cell _____

In the event that neither parent can be reached, please supply **two additional names** and phone numbers.

Name _____ Phone _____
Relationship _____ Cell _____

Name _____ Phone _____
Relationship _____ Cell _____

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There may be times when you cannot drive your child to/from school. Please list names and phone numbers of others who may do this for you. If need be, please add names to this list throughout the school year, as we will only dismiss your child to the people listed below.

Name _____ Phone _____
Relationship _____ Cell _____

Name _____ Phone _____
Relationship _____ Cell _____

Name _____ Phone _____
Relationship _____ Cell _____