

Contact Information

(Main Parent/Guardian Contact)

(Home Phone #)

(Cell phone #)

(e-mail)

Additional Contacts if no one can be reached at the above numbers: Please list name, relationship to child, and phone numbers.

1. _____

2. _____

EMERGENCY AUTHORIZATION

IF NONE OF THE LISTED CONTACTS CAN BE REACHED IN CASE OF SERIOUS INJURY OR ILLNESS, I AUTHORIZE THE ELFINWILD CHURCH PRESCHOOL PERSONNEL TO TAKE EMERGENCY ACTION AS MAY BE DEEMED NECESSARY, INCLUDING TRANSPORTATION OF THE STUDENT TO A HOSPITAL OR MEDICAL CENTER WITH THE USE OF AMBULANCE WHEN ADVISABLE, AND TO AUTHORIZE THE ADMINISTRATION OF ANY NECESSARY MEDICAL TREATMENT TO MY CHILD AS MAY BE DEEMED NECESSARY.

(DATE)

(SIGNATURE OF PARENT OR GUARDIAN)

Please list any allergies: _____

Are your child's tetanus shots up to date? ____ yes ____ no

Name of child's physician _____

HOSPITAL PREFERENCE (When possible) _____