

# Preschool Student Information and Emergency Card

## CHILD INFORMATION:

Child's Full Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## FAMILY INFORMATION:

Mother: \_\_\_\_\_ Work Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Father: \_\_\_\_\_ Work Number: \_\_\_\_\_

Employer: \_\_\_\_\_

## Children in family:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

## EMERGENCY CONTACTS/PICK-UP AUTHORIZATION:

In case of an emergency or if I cannot be contacted to pick up my child, I hereby authorize the following persons to be notified and I give them authority to pick up my child. (At least 2, besides parents or legal guardians)

EMERGENCY CONTACT NAME	RELATIONSHIP	PHONE NUMBERS
1.		Home:
		Work:
		Cell:
2.		Home:
		Work:
		Cell:

**MEDICAL INFORMATION:**

Child's physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Phone: \_\_\_\_\_

Please list any current health problems or conditions and medications:

\_\_\_\_\_  
\_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Holder's ID \_\_\_\_\_

In case of injury or sudden illness, \_\_\_\_\_ will be called first. I hereby give authority to any hospital or doctor to render immediate aid to \_\_\_\_\_ as might be required at the time for his/her health and safety. It is understood that I will accept the expense of this service.

What are some important things you would like us to know about your child (interests, strengths, concerns):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What school district do you live in?

\_\_\_\_\_

Note: If any of this information would change during the school year please inform the classroom teacher so that a new form can be filled out. THANK YOU!!

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

