

## CHRIST'S KIDS PRESCHOOL - EMERGENCY CARD

CHILD'S NAME _____	BIRTH DATE ____/____/____
ADDRESS _____	CITY _____ STATE _____ ZIP _____
<b>PARENT/GUARDIAN</b>	<b>PHONE NUMBERS</b>
1. _____	cell: _____ work: _____ home: _____
2. _____	cell: _____ work: _____ home: _____

### EMERGENCY CONTACTS/AUTHORIZED PICK UP

NAME _____	RELATIONSHIP _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
NAME _____	RELATIONSHIP _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____

### THE FOLLOWING INFORMATION IS REQUIRED BY THE DEPARTMENT OF HUMAN SERVICES

PHYSICIAN _____	PHONE _____
ADDRESS _____	CITY _____ STATE _____ ZIP _____
PREFERRED HOSPITAL _____	
ALLERGIES _____	
DENTIST _____	PHONE _____
ADDRESS _____	CITY _____ STATE _____ ZIP _____
MEDICATIONS _____	
OTHER SIGNIFICANT MEDICAL INFORMATION _____	
_____	

I give permission to Christ's Kids Preschool to make whatever emergency (e.g., first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the preschool.

In case of a medical/dental emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deems it necessary.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

By signing this form, I authorize Christ's Kids Preschool to release any information pertaining to my child to persons listed as an emergency contact or authorized pick up.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_