



# CANBY COMMUNITY PRESCHOOL

2016-2017

## EMERGENCY CONTACT AND PICK-UP INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Names of individuals the student may leave with if a parent/guardian is not present or in case of emergency and parent/guardian cannot be contacted:

Name	Relationship	Phone
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any special physical conditions we should be aware of (allergies, etc):

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

**OPTIONAL:**

In the event a parent/guardian cannot be reached, my signature is authorization for the student's physician named above, the physician of the school's choice, the Canby Fire Department, or the emergency room of Willamette Falls Hospital to provide whatever emergency care is necessary in the event of injury or accident.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date