

Salem Methodist Preschool – EMERGENCY CARD
PLEASE PRINT ALL INFORMATION AND SIGN BELOW

Child's Legal Name – Last _____ First _____ Gender M F

Birth Date _____ Home Phone (_____) _____ **BEST NUMBER TO REACH US** (_____) _____

Mother's Full Name _____ Work Phone (_____) _____ Cell (_____) _____

Father's Full Name _____ Work Phone (_____) _____ Cell (_____) _____

Child resides with _____ both parents _____ mother only _____ father only _____ other/specify _____

Emergency Contact _____ Relationship _____ Phone (_____) _____

Emergency Contact _____ Relationship _____ Phone (_____) _____

Emergency Contact _____ Relationship _____ Phone (_____) _____

Physician's Name _____ Phone (_____) _____

Dentist's Name _____ Phone (_____) _____

Medications _____ Allergies _____

List any medical problems _____

Language spoken in home if other than English _____

If neither parent can be contacted in case of a serious illness or injury, I authorize the school to take such emergency action as may be deemed necessary, including transportation to a hospital or medical center.

Parent/Guardian Signature _____ Date _____

Salem Methodist Preschool – CLASSROOM PICK UP FORM

Child's Name _____ Class/Teacher _____

Parent's Name _____ **BEST NUMBER TO REACH US** (_____) _____

Home Phone (_____) _____ Cell (_____) _____

_____ Mother _____ Father _____ Both Parents are authorized to pick up my/our child

In addition, I/We authorize these individuals listed below on the emergency information section to pick up my/our child:

PLEASE PRINT ALL INFORMATION AND SIGN BELOW

Name _____ Address _____

Phone (_____) _____ Relationship _____

Name _____ Address _____

Phone (_____) _____ Relationship _____

Name _____ Address _____

Phone (_____) _____ Relationship _____

Parent/Guardian Signature _____ Date _____