New Horizons Preschool Disaster Release Information

Child's Name:(Last Name)			(First Name)	
Home Address:			, , , , , , , , , , , , , , , , , , ,	
			Alt Phone:	
Parent / Guardian:				
Relationship Primary Phone:				
Child's Physician & Phone:			Pref Hospital:	
I designate the following people	e to whom my child may be re	eleased (plea	ase list at least one contact):	
Name:	Phone 1:		Phone 2:	
Name:	Phone 1:		Phone 2:	
Name:	Phone 1:		Phone 2:	
Name:	Phone 1:		Phone 2:	
Name:	Phone 1:		Phone 2:	
Name:	Phone 1:		Phone 2:	
Emergency Contact			e #'s:	
emergency medical care f 1. Attempt to compare the compare th	or my child if warranted. The ontact a parent or guardian. ontact the child's physician. ontact parent/guardian throug child's physician cannot be cophysician, b) call 911, c) haver.	se steps ma gh any of the contacted, po e child trans	e whatever steps may be necessary to obtain ay include, but are not limited, to the following: e persons listed on the emergency information form. The preschool staff will do any or all of the following: a) apported to an emergency hospital in the company of a seponsibility of the child's family.	
Food or Other Allergies:				
Medical Alert/Health Concerr	ns:			
I authorize Emergency Medical Treatment of my child:		Yes	No	
Signature of Parent or Guardian			Date	
SIGNATURES IN CASE OF D	ISASTER:	•••••		
Signature of person taking child			Phone number	

Date

Time

Signature staff member releasing student