

# FROM ROOTS TO WINGS PRESCHOOL

## EMERGENCY INFORMATION

Child's last name \_\_\_\_\_ First name \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fathers name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

List two additional people to whom your child may be released to in case of emergency.

Name	Address	Home & Cell numbers
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In an emergency, your child would be released to one of the people above. We would call in this order:

1. Mother and/or Father
2. Person listed first
3. Person listed second

If none of the above can be contacted during an emergency, do you give the school and/ or your doctor the authority to take the actions they feel necessary in the best interest of your child? \_\_\_\_\_

Is s/he allergic to anything? \_\_\_\_\_

Is s/he taking any medication regularly? \_\_\_\_\_

Anything else we should know about your child's health? \_\_\_\_\_

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Doctor's name and phone number \_\_\_\_\_

Doctor's address \_\_\_\_\_

Parent's \_\_\_\_\_

Signature \_\_\_\_\_