

Little Blessings Preschool & Kindergarten
Emergency Information Card

PLEASE PRINT

Child Last Name _____ Child First Name _____ { } Male { } Female

Street Address _____ City _____ Zip _____

Home Phone _____ Date of Birth _____

Special health concerns or allergies: _____

Mother's Name _____ Employer _____

Email Address _____

Business Address _____ City _____ Zip _____

Work Phone _____ Cell Phone _____

Do you wish to be called at work? { } Yes { } No

Father's Name _____ Employer _____

Email Address _____

Business Address _____ City _____ Zip _____

Work Phone _____ Cell Phone _____

Do you wish to be called at work? { } Yes { } No

Persons to contact, or who can pick up child, (other than parents) in the event of illness or injury.

<u>Name</u>	<u>Day Phone</u>	<u>Address</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Physician's Name _____ Phone _____
Address _____

Dentist's Name _____ Phone _____
Address _____

Preferred Hospital _____ Phone _____
Address _____

I/We do hereby authorize the adult leaders or agents of Little Blessings Preschool & Kindergarten to act as agent(s) for the undersigned; to consent to any medical or surgical diagnosis or treatment or hospital care deemed advisable by or administered by a licensed physician, in the event of such help of an emergency medical nature becomes necessary.

Signature of parent or guardian _____ Date _____