

Emergency and Pickup Information

Dear Parents,

This form will help us have current and accurate information concerning your child to help us act quickly in case of an emergency during the school year. We will always call the parents first, but in case we cannot reach you, we will contact other people on this document. This form will also indicate who is authorized to pick up your child after school or in case of illness. We will not release a child to anyone other than parents or those indicated below without your permission.

Thank You,
Angela Hicks, director

In case of a medical emergency and I cannot be reached, the teachers of Clemmons Moravian Preschool have my permission to take _____ to the nearest medical facility for emergency medical attention.

Parent's Signature: _____ Date: _____

Child's Physician _____ Phone _____

Address _____

Emergency Hospital Preference _____

Insurance Policy Co . _____ Policy number _____

Please List Any Known Allergies: _____

	Mother's Information	Father's Information
Name		
Cell Phone		
Occupation		
Work Phone		
Email		

Other Persons to be Notified in Case of emergency:

Name: _____ Phone _____ cell _____

Name: _____ Phone _____ cell _____

Name: _____ Phone _____ cell _____

Persons (other than Parents) Authorized to pick up your child:

Name _____ relationship _____ Phone# _____

Name: _____ relationship _____ Phone# _____

Name: _____ relationship _____ Phone# _____