



# Celebrating Children Preschool

## Emergency Information

Child's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Persons to call in the event of an emergency: (Please provide at least 4)

1. **Parent** \_\_\_\_\_ Day Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

2. **Parent** \_\_\_\_\_ Day Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

3. **Other** \_\_\_\_\_ Day Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

4. **Other** \_\_\_\_\_ Day Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Name of Child's Doctor** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Emergency Hospital Preference** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Name of Child's Dentist** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

I give my permission for Celebrating Children Preschool to take whatever steps may be necessary to obtain emergency medical care if warranted.

**Signed** \_\_\_\_\_ Date \_\_\_\_\_  
(Mother or Legal Guardian)

**Signed** \_\_\_\_\_ Date \_\_\_\_\_  
(Father or Legal Guardian)

### Notification of Allergies (Complete only if applicable)

Allergies \_\_\_\_\_

Reaction \_\_\_\_\_

I have supplied an epi pen to Celebrating Children Preschool and give them the right to use it on my child if necessary.

\_\_\_\_ Yes \_\_\_\_ No

**Signed** \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Parent of Legal Guardian)