

SHEPHERD OF THE VALLEY PRESCHOOL

Emergency Information & Authorized Pick Up Information

Child's Name:

Home Phone:

Date of Birth:

Persons to call in the event of an emergency and are authorized to pick up: (Please provide at least four.) If there are more people than spaces available, add on the back of the form.

Parent/Legal Guardian Name:

Cell Phone:

Parent/Legal Guardian Name:

Cell Phone:

Name:

Day Phone:

Address:

Cell Phone:

Name:

Day Phone:

Address:

Cell Phone:

Name of Child's Doctor:

Phone:

Address:

Emergency Hospital Preference:

Phone:

Address:

Name of Child's Dentist:

Phone:

Address:

Is there anyone your child SHOULD NOT have contact with? Yes No

If yes, who?

I give my permission for Shepherd of the Valley Preschool to take whatever steps may be necessary to obtain emergency medical care if warranted.

Signed:

Date:

Parent/Legal Guardian

Signed:

Date:

Parent/Legal Guardian

Notifications of Allergies (Complete only if applicable)

Allergies

Reaction

I have supplied an epi pen to Shepherd of the Valley Preschool and give them the right to use it on my child if necessary. Yes No

E-signature

Date

(Signature of Parent or Legal Guardian)

Once the form is filled out completely, 'File > Save As' to your computer and attach the form in an email to Preschool Director, Linda Nelson, at linda.nelson@sotv.org. Thanks!