

SCHOOLHOUSE CHRISTIAN PRESCHOOL
EMERGENCY CONTACT/PARENTAL CONSENT FORM

Child's Name			Birthdate	
Address		City	State	Zip Code
Mother's Name/Legal Guardian			Cell Phone No.	Home Telephone No.
Address		Work, School	Hrs/Days	Business Telephone No.
Father's Name/Legal Guardian			Cell Phone No.	Home Telephone No.
Address		Work, School	Hrs/Days	Business Telephone No.
Emergency Contact Person(s) to whom child may be released:		Relationship	Address/City	Daytime Caregiver
Name:				Y N
Name:				
Alternate Contacts:		Relationship	Address/City	Telephone No.
Name:				Y N
Name:				Y N
Name of Child's Physician/Medical Care Provider			Last Tetanus date	Telephone No.
Address				
Dentist name				
Address				Telephone No.
Hospital Preference		Medical, Special Conditions		
Religious Restrictions				
Health insurance Coverage for Child or Medical Assistance Benefits				Policy Number (Required)
Special Conditions				
Allergies (include medication and food)				
I give my permission for my child to be transported and treated at the nearest hospital or medical facility in case of serious injury or illness				
Signature of Parent or Guardian			Relationship	Date
Signature of Parent or Guardian			Relationship	Date