

Bartlett Park District Preschool Emergency Information Form

Child's name _____ Home Phone _____

Parents first and last names: _____

Mom's Cell _____ Dad's Cell _____

Mom's Work _____ Dad's Work _____

List two other adults we can contact in case we can't reach parent in an emergency:

- | | |
|----------------|--------------------|
| 1. Name: _____ | Relationship _____ |
| Home _____ | Cell _____ |
| 2. Name: _____ | Relationship _____ |
| Home _____ | Cell _____ |

Family Physician: _____ Phone: _____

Adults other than parent and or emergency contact person who may be authorized to pick up child: (ex: car pool, day care provider)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

During the school year, please give your child's teacher updates regarding any changes that occur pertaining to this form. This form is used for all classroom emergencies, all outings and field trips and **must be** accurate for the entire school year. My child has permission to attend all field trips unless I notify the teacher that my child will not be in attendance.

As a parent and/or guardian, I do here with authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature of Parent/Guardian

Date