

Bartlett Park District Preschool Emergency Information Form

Child's Name _____ 1st Number to Contact _____

Mom/Parents First and Last Name _____

Dad/Parent First and Last Name _____

Mom's Cell _____ Dad's Cell _____

Mom's Work _____ Dad's Work _____

Mom's Email _____ Dad's Email _____

List **two additional adults** other than yourself who we can contact in case we can't reach you in case of an emergency and is/may be authorized to pick up child. (ie: car pool, day care provider)

Name _____	Relationship _____
Home _____	Cell _____

Name _____	Relationship _____
Home _____	Cell _____

Name _____	Relationship _____
Home _____	Cell _____

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.

Family Physician: _____ Phone: _____

During the school year, please give your child's teacher updates regarding any changes that occur pertaining to this form.

Signature of Parent/Guardian

Date

Bartlett Park District, Community Center, 700 S. Bartlett Road, Bartlett, IL 60103
P: 630-540-4800 F: 630-540-4869 www.bartlettparks.org