

Faith Works Preschool & Childcare

EMERGENCY INFORMATION FORM

Childs First Name _____ Middle _____ Last _____ DOB ____/____/____

Address _____ City _____ Zip Code _____

1st Parent _____ Home Phone: _____ - _____ - _____

Address _____ Cell Phone: _____ - _____ - _____

Employer: _____ Work Phone: _____ - _____ - _____

2nd Parent _____ Home Phone: _____ - _____ - _____

Address _____ Cell Phone: _____ - _____ - _____

Employer: _____ Work Phone: _____ - _____ - _____

The following are individuals authorized to pick up my child and/or in case of an emergency and you cannot be located Faith Works Preschool & Childcare will contact the following:

1st Contact _____ Home Phone: _____ - _____ - _____

Address _____ Cell Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

2nd Contact _____ Home Phone: _____ - _____ - _____

Address _____ Cell Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Allergies: Yes / No If yes explain _____

Medical Condition: Yes / No Explain _____

Medical Clinic Name _____ Phone _____ Dr. _____

Dentist Name _____ Phone _____ Dr. _____

- Attach a copy of your child's immunizations they cannot attend without a copy on file.

Read thoroughly and Initial below:

_____ I give permission to the Faith Works Preschool & Childcare staff to take whatever emergency measures are judged necessary for the care and protection of my child while under their supervision. In case of emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment, if the local emergency resources deem it necessary. It is understood that in some medical situations the Faith Works Preschool & Childcare staff will need to contact the local emergency resources before the parent, the child's physician, and/or the other adults acting on the parents behalf are notified. I understand that any expenses incurred will be the responsibility of the child's family.

I have read and understand the information stated above, along with the information on the reverse side of this form. I give permission for my child to participate in activities with Faith Works Preschool & childcare.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

ADDENDUM TO EMERGENCY INFORMATION FORM

(Circle yes or no)

Yes No I authorize pictures to be taken of my child during class and activities to be used for the Faith Works Preschool & Childcare website and other presentations. Names will not be mentioned.

Yes No In an emergency, Faith Works staff may administer first aid to my child.

Yes No In an emergency, Faith Works Preschool & Childcare and/or their staff may call medical help or an Ambulance at my expense, with no liability to them.

Yes No Faith Works Preschool & Childcare staff may take my child for supervised walks around the neighborhood, which includes but not limited to Becker Community Center and Great River Regional Library.

I have made arrangements for my child to be cared for if ill. I will not knowingly send my child to school sick.

Mother's Signature _____ (Date)

Father's Signature _____ (Date)