



Emergency Contact Information

*** Please Print Legibly***

Child's Name _____ Date of Birth _____

Parents' Names _____

Address _____ Home Phone _____

Mother

Bus. Phone _____

Occupation _____

Place of Bus. _____

Father

Persons to assume responsibility if parents cannot be reached:

Names and relationship to child:

AND*

Address _____

Phone _____

***MUST PROVIDE TWO NAMES AND NUMBERS**

Known allergies or medical conditions _____

In the event that I cannot be reached, Triangle Grace Preschool has my permission to seek emergency medical treatment for my child.

Parent Signature(s) _____ Date _____

Physician and Practice _____

Physician Phone _____

Preferred Hospital _____

Dentist/Dentist Phone _____

Health Insurance Carrier (optional) _____

Group or other ID number(s) _____