

ST. JOHN'S EPISCOPAL PRESCHOOL EMERGENCY CARD 2017-2018

CHILD _____ **DOB** _____

Primary Contact Name and Phone _____

Parent Name _____

Address _____

Home Phone _____ Cell _____

Employer _____

Work Phone _____ Fax _____

Email _____

Parent Name _____

Address (if different) _____

Home Phone _____ Cell _____

Employer _____

Work Phone _____ Fax _____

Email _____

Other emergency contacts _____

Phone _____ Cell _____

Nanny/AuPair/Sitter _____ Phone _____

Pick Up Arrangements

List your usual pick up arrangement _____

Others who might pick-up child _____

Please Note: We can dismiss children only to the pick-up arrangement designated on this form. As arrangements change, please send notes of daily plans.

Allergy Information

To your knowledge, is your child allergic to anything? _____

Advice or other comments on handling allergy or allergic reaction _____

Physician _____ Phone _____

Dentist _____ Phone _____

Parent/Guardian Signature: _____ **Date:** _____