

**ST. JOHN'S EPISCOPAL PRESCHOOL      EMERGENCY CARD 2018-2019**

**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:** \_\_\_\_\_