

ST. JOHN'S EPISCOPAL PRESCHOOL EMERGENCY CARD 2020-2021

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 mark changes on the Sign In/Out sheet or 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 _____

Sunscreen

I give St. John's Episcopal Preschool permission to apply _____ sunscreen to my child, I will provide the sunscreen listed above with my child's name clearly marked on the bottle. I will also apply sunscreen before arriving at camp/school.

Physician _____ Phone _____

Dentist _____ Phone _____

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