

**EMERGENCY CARD 2023-2024**

CHILD \_\_\_\_\_ DOB \_\_\_\_\_

Primary Contact Name and Phone \_\_\_\_\_

**Guardian Name**

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Guardian Name**

Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Other emergency contacts \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Nanny/AuPair/Sitter \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**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 \_\_\_\_\_

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**Sunscreen**

I give St. John's 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:** \_\_\_\_\_