

Noah's Ark Preschool
2005-2006 Emergency Information

Class/Teachers: _____

Child's Name _____
Address _____
_____ Zip _____
Phone (include area code) _____
Home e-mail address _____

Father's Name _____	Mother's Name _____
Father's e-mail _____	Mother's e-mail _____
Father's day-time phone (____) _____	Mother's day-time phone(____) _____
Father's cell phone(____) _____	Mother's cell phone(____) _____
Day Care Provider _____	Phone(____) _____

Physical Handicaps _____
Allergies (including medications) _____

Physician's Name _____ Phone(____) _____
Clinic or office address _____

Source of Dental Care _____ Phone(____) _____
Clinic or office address _____

Choice of Hospital/address/phone _____

Persons to be called in case of **emergency** if unable to contact parents (may pick up my child if indicated):

Name _____ Relationship _____
Address _____ Phone(____) _____
 ↑ may pick up my child

Name _____ Relationship _____
Address _____ Phone(____) _____
 ↑ may pick up my child

The following persons are authorized to pick my child up from preschool (name/relationship/phone number):

I give permission to the preschool to seek emergency care if I cannot be reached or am delayed in coming.

Signed _____ Date _____

This information will be the most current we have in our files. It is imperative that all questions (including 2 emergency contacts) are answered and returned to preschool on the first day of class. Thank you!!