

**John Knox Cooperative Preschool**

**Emergency Information**

Child's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Living at home? \_\_\_\_\_

Mother/Guardian works at \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother/Guardian's Cell Phone \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Living at home? \_\_\_\_\_

Father/Guardian works at \_\_\_\_\_ Work Phone \_\_\_\_\_

Father/Guardian's Cell Phone \_\_\_\_\_

Family e-mail \_\_\_\_\_

**PERSONS TO CALL IF PARENT/GUARDIAN CANNOT BE REACHED:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**\*\*In case of emergency due to illness or injury, if I cannot be contacted, I give my permission to John Knox Co-op preschool personnel to obtain medical or dental attention for my child\*\***

Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Dentist's Phone \_\_\_\_\_

**Medical Alert (Special Health Problems, Allergies, Continuing Medication, Etc.)**

Please list: \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_