

John Knox Cooperative Preschool
circle class. AM3. AMPreK. PMPreK

Emergency Information

Child's Full Name _____ Birthdate _____

Home Address _____ Home Phone _____

Family e-mail _____

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 _____

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 _____