Community of Saints Preschool

EMERGENCY INFORMATION

Student _____ Birthdate _____
Last Name *First* *M.I.*

Home Address _____ Home Phone _____

Mother's Name _____ Cell Phone _____
Place of Employment _____ Work Phone _____

Father's Name _____ Cell Phone _____
Place of Employment _____ Work Phone _____

Physician's Name _____ Physician's Phone _____
Clinic & Address _____
Health Concern(s) _____ Allergies Asthma Diabetes Seizures
Please list any allergies or medications. *Please circle all that apply.*

Please list people below who are authorized to pick up your child if you can't be reached.

Print Name	*Address*	*Phone Number*	*Relationship to Child*
Print Name	*Address*	*Phone Number*	*Relationship to Child*
Print Name	*Address*	*Phone Number*	*Relationship to Child*