



# Emergency Contact Information

Child's Name \_\_\_\_\_ Class Color \_\_\_\_\_

Birth date \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_

## Father

Name \_\_\_\_\_ Address \_\_\_\_\_

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

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

## Mother

Name \_\_\_\_\_ Address \_\_\_\_\_

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

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

## Child's

Physician \_\_\_\_\_ Dentist \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

## Alternate Emergency Contacts

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Persons to call in case of emergency if parents cannot be reached. They may transport the child.

Other persons authorized to transport the child from the preschool facility:

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

**Parent or Guardian's Authorization**

Emergency and Accident Policy

I hereby give permission to the staff of Sunshine Preschool to follow the procedures as outlined in the Emergency and Accident Policy section (tan pages) of the Sunshine Preschool Parent Handbook, and, in my absence, I authorize the staff of Sunshine Preschool to take whatever measures as may be necessary in an emergency situation. (Parent handbooks will be distributed at parent orientation. The Emergency and Accident Policy may be accessed at our web site: [www.sunshine-preschool.net](http://www.sunshine-preschool.net).)

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

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**For Staff Use Only**

Hours and days child attends this center \_\_\_\_\_

Attended Pre-enrollment Fall Conference \_\_\_\_\_ Date \_\_\_\_\_

Date of Parent / Teacher Conferences Fall \_\_\_\_\_

Spring \_\_\_\_\_