

St. Joseph's Preschool **Emergency** Form 2021-2022

Class _____

(Please Print)

Child's First, Last Name _____ Birthdate _____

(Preferred name at school)

Address _____ City _____ Zip _____

Mother's Name _____ Phone # _____

Email _____ Work # _____

Address (if different from child) _____

Father's Name _____ Phone # _____

Email _____ Work # _____

Address (if different from child) _____

Sibling name/age _____ Sibling name/age _____

Sibling name/age _____ Sibling name/age _____

Child's Physician/Clinic _____

Phone _____

Address _____

City _____ Zip _____

Child's Dentist _____

Phone _____

Address _____

City _____ Zip _____

Emergency Contact #1/Authorized Pick-up
(In case parent cannot be reached)

Name _____

Phone _____

Address _____

City/State/Zip _____

Relationship to child _____

Emergency Contact #2/ Authorized Pick-up
(In case parent cannot be reached)

Name _____

Phone _____

Address _____

City/State/Zip _____

Relationship to child _____

*Please list ALL other authorized adults who can pick-up your child on the back

Preferred Hospital _____

****Known Allergies/Health Concerns** _____

Authorized Pick-up/Carpool

Name _____ Phone _____

Address _____ Relationship to child _____

Name _____ Phone _____

Address _____ Relationship to child _____

Name _____ Phone _____

Address _____ Relationship to child _____

Name _____ Phone _____

Address _____ Relationship to child _____

Name _____ Phone _____

Address _____ Relationship to child _____

Authorization: I authorize St. Joseph's Preschool staff to take whatever emergency measures are necessary for the care and protection of my child. I understand this may involve calling 911 or contacting emergency resources before the parent. If my child must be transported, I am responsible for all costs.

Parent printed name _____

Parent Signature _____ Date _____