

## Emergency Information

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

Address \_\_\_\_\_

<b>Parents/Guardians</b>	<b>Emergency phone #</b>
1. _____	_____

2. _____	_____
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<b>Relative/Friend Alternative</b>	<b>Relationship to Child</b>	<b>Ph. #</b>
1. _____	_____	_____

2. _____	_____	_____
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3. _____	_____	_____
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**Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Dentist** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Last D.P.T.** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Allergies** \_\_\_\_\_

**I give permission to Normandale Preschool to make whatever emergency (e.g., first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the School/Center.**

**In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (Police, Rescue Squad) deems it necessary. The child will be transported at the expense of the parent/guardian.**

**It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child physician, and or other adult acting on the parent's behalf.**

**Medical Ins. Co.** \_\_\_\_\_ **Card Number** \_\_\_\_\_

**Medical Assistance Number** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_