Deerfield Park District Preschool

EMERGENCY CONTACT INFORMATION 2017 - 2018

PLEASE PRINT

Child's Last Name _____ Child's First Name _____

Please check: __ **LITTLE LEARNERS** *(3 years by 4/1)* __ **3 YEAR OLDS** *(3 years old by 9/1)* __ **PRE-K 4's** *(4 years old by 9/1)*

Date of Birth __ / __ / _____ *Check:* __ Male __ Female **Primary** Email _____

Address _____ City _____

PARENT GUARDIAN	NAME	CELL PHONE #	HOME PHONE #	WORK PHONE #
Mother				
Father				

(If applicable)

Caregiver's Name _____ Caregiver's Cell # _____

MUST LIST TWO (2) persons to contact in case of emergency if parents are unavailable (other than parents or caregiver).
*The two (2) persons listed may pick up my child if necessary. ** **E**mergency persons must live within a 10-15 minute drive from school **.*

1. Name _____ Relationship to Child _____

Address _____ City _____

Home Phone _____ Cell # _____

2. Name _____ Relationship to Child _____

Address _____ City _____

Home Phone _____ Cell # _____

List health concerns: i.e.: allergies, medications, seizures, diabetes, etc. ***(for Preschool office for emergency use)***

My child will not be released to anyone, but his/her parents, the above persons, or persons listed on 'Authorization For Pick Up' form*. The Deerfield Park District Preschool must have **WRITTEN PERMISSION** to release your child to any other person. In case of illness or emergency, I authorize the Deerfield Park District Preschool to provide any emergency care deemed necessary for my child, including CPR, administering first aid, and transporting my child to the nearest emergency facility.

Date ____ / _____ / _____ Parent/Guardian Signature _____

*** Authorization For Pick-Up forms (*car pools, etc.*) will be available at your child's pre-conference in September.**