

## Deerfield Park District Preschool

**FORM #2 EMERGENCY CONTACT INFORMATION****2023 - 2024****PLEASE PRINT CLEARLY**

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_

Please check: ☐ **LITTLE LEARNERS** (3 years by 5/1) ☐ **3-YEAR OLDS** (3 years old by 9/1) ☐ **PRE-K** (4 years old by 9/1)

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Gender: \_\_\_\_\_ Primary Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

	PRINT NAME	CELL PHONE #	HOME PHONE #	WORK PHONE #
LEGAL GUARDIAN				
LEGAL GUARDIAN				

(If applicable)

Caregiver's Name \_\_\_\_\_ Caregiver's Cell # \_\_\_\_\_

**MUST LIST TWO (2) persons to contact in case of emergency if legal guardians are unavailable.***The two (2) persons listed may pick up my child if necessary. \* Emergency 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 their legal guardians, 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Legal Guardian Signature \_\_\_\_\_

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