

EMERGENCY FORM
First Presbyterian Preschool
(856)429-0609



Child's Name _____

Class Name _____

Birthdate _____

Home Phone # _____

Cell # _____

Address _____

Town _____

Zip _____

e-mail address _____

Mother's Name _____

Work Phone # _____

Father's Name _____

Work Phone # _____

Emergency Contact Person #1 _____

Phone # _____

Emergency Contact Person #2 _____

Phone # _____

Doctor _____

Hospital _____

Preferred _____

Food Allergies: _____

Doctor prescribed emergency medications & medical conditions: _____

(list or write none)

MEDICAL AUTHORIZATION:

I authorize the Preschool to take whatever emergency medical measures are deemed necessary for the protection of my child while he/she is in their care.

I understand this authorization includes calling the physician named above, implementing his instructions, and transporting my child to a hospital or clinic while attempting to obtain my consent.

PARENT'S SIGNATURE _____

Date _____

First Presbyterian Preschool
20 Kings Hwy. East
Haddonfield, NJ 08033
(856)429-0609

DISMISSAL PERMISSION FORM

Child's Name _____

Classroom Name _____

List the authorized persons for dismissal from class. Please give a brief description or photograph. If there is a special circumstance that would change your child's normal dismissal procedure, please notify the office and/or teacher with a dated and written request.

