

ST. VINCENT DE PAUL PRESCHOOL

6828 Old Reid Road—Charlotte, NC 28210

704-644-4656

EMERGENCY CONTACT FORM

20__ - 20__

PLEASE PRINT

CHILD'S NAME: _____
Last First Middle

Date of Birth _____

IN CASE OF EMERGENCY: Best Contact Phone Number: _____

E-mail: _____

Father's Name: _____ Cell: _____

Mother's Name: _____ Cell: _____

Emergency Contact: Name: _____ Phone: _____

Emergency Contact: Name: _____ Phone: _____

Child's physician: _____ Phone: _____

Hospital Preference: _____

(This will be honored whenever possible, but in accordance with the prevailing circumstances, it will be left to the discretion of the adult in charge.)

Insurance Carrier

Policy Number

ALLERGIES: My child has the following allergies as listed (peanuts, medication, bee sting, pets, other food, etc.):

My child has the following serious condition/s which necessitate/s immediate medical attention should it/they occur during school hours:

I agree that the Preschool director or teacher may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Date

Mother's signature

Father's signature