

# Emergency Data

Child's Name	
Address:	
Home Phone:	Birthdate:

## Parent/Guardian Information

Parent/Guardian Name:		
Address (if different):		
Home Phone:	Work:	Cell:
Parent/Guardian Name:		
Address (if different):		
Home Phone:	Work:	Cell:

## Local Emergency Contacts & Authorized Pick-up

Please be sure to list child's nanny or regular care provider's name.

**TWO LOCAL contacts REQUIRED - Do NOT list child's parents/guardians.**

(These contacts are authorized to care for child in an emergency if parents/guardians cannot be reached.)

Name:	Address:
Home Phone:	Cell Phone:
Name:	Address:
Home Phone:	Cell Phone:
Name:	Address:
Home Phone:	Cell Phone:

**Please Turn Over**

## Medical Information

Child's Physician/Clinic:	
Address:	Office Phone:
Emergency Physician/Clinic (if different):	
Address:	Office Phone:
Known Allergies:	
Child's or Family Dentist/Clinic (if child has not been to dentist list your dentist):	
Address:	Office Phone:
Emergency Dentist/Clinic (if different):	
Address:	Office Phone:
Medical Insurance Company:	

## Unauthorized Pick-up

These people are **NOT** allowed to take my child from Lake Harriet UM Preschool:  
(Please list unauthorized people by name only. )

Name:	Name:
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I give permission to Lake Harriet United Methodist Preschool to take whatever emergency (i.e. first aid, disaster evacuation, etc...) measures are judged necessary for the care and protection of my child while under the supervision of the school. In the case of a medical emergency, I understand that my child will be transported to the appropriate medical facility by the local emergency unit for treatment if the emergency responder (police or paramedic) deems it necessary. The child will be transported at the expense of the parents/guardians. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parents/guardians, child's physician, and/or other adult acting on the parent's/guardian's behalf.

Signature of Parent/Guardian:	Date:
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