

PRESCHOOL EMERGENCY FORM AND INFORMATION (Please Print)

Last Name _____ First Name _____

Address _____

Primary Phone Number _____ Child's Birthdate _____

Parent/Guardian 1 Name _____ Cell # _____

Parent/Guardian 2 Name _____ Cell # _____

Siblings & Ages _____

Names & Phone Numbers in Case of Emergency(Parents are contacted first)

1. _____

2. _____

3. _____

Allergies _____

Medical Issues/Medications Taken _____

Is your child toilet trained? Yes ___ No ___ - *If you indicated "No" on this question please contact Heather Kuncis at hkuncis@lockportpark.org or 815-838-1183 extension 220

If you or your emergency contacts cannot be reached in an emergency, and if in the judgment of the preschool staff immediate medical and/or hospital attention is needed, do you authorize responsible park district staff to send your child(properly accompanied) to an available hospital or physician? Yes ___ No ___

Parent Signature _____ **Date** _____

List the persons allowed to pick up your child. Besides the parents/guardians, those listed below will be the only persons that will be able to pick up your child from school. Please notify your child's teacher if this list changes. Identification will be requested for any person picking up your child at school for the first time.

Name & Relationship _____ Cell # _____

Name & Relationship _____ Cell # _____

Name & Relationship _____ Cell # _____