



Emergency Contacts &

Permission Form

Child's Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Session _____

EMERGENCY INFORMATION AND CONTACT LIST

Physician's Name: _____ Phone #: _____

List child's allergies: _____

List Work Numbers and Numbers of Nearby Relatives and Friends:

Name: _____ Relationship: _____ No: _____

Name: _____ Relationship: _____ No: _____

Name: _____ Relationship: _____ No: _____

PERMISSION FORM:

I give permission to Miss Barbara's Preschool to seek Emergency treatment for my child:
_____ (child's name), in the event I cannot be notified.

Signature: _____ Date: _____

Permission is granted to Miss Barbara's Preschool to take my child on supervised trips. I understand I will be notified prior to the trip.

Signature: _____ Date: _____