UNITED CHURCH NURSERY SCHOOL EMERGENCY INFORMATION

CHILD'S NAME_____

DATE OF BIRTH:____/____/____ START DATE _____

PHONE:_____

EMAIL:_____

HOME ADDRESS:_____
STREET TOWN ZIP

Mother's Name:_____ Father's Name:_____

Cell Phone #:_____ Cell Phone #:_____

Employer:_____ Employer:_____

Work Phone:_____ Work Phone:_____

Work Address:_____ Work Address:_____

The following person(s) may be contacted in an emergency, if we are unable to contact a parent/guardian. This person is also authorized to pick up my child at the school, and can transport my child in their car at any time.

Name:_____ Phone:_____

Address:_____ Relationship:_____

Name:_____ Phone:_____

Address:_____ Relationship:_____

Name:_____ Phone:_____

Address:_____ Relationship:_____

Child's Physician:_____ Phone:_____

Physician's Address:_____

Child's Dentist:_____ Phone:_____

Dentist's Address:_____

Hospital Preference:_____

Parent's Health Insurance Company:_____

Health Insurance Policy Number:_____

Child's Allergies Or Medical Restrictions (If None, Write None)_____

_____

Parent/Guardian Signature_____ Date_____/_____/____