

OPEN ARMS CHRISTIAN PRESCHOOL
EMERGENCY INFORMATION FORM

PLEASE FILL THIS FORM OUT VERY CAREFULLY. We know we are asking you to duplicate information from other forms, but in an emergency when time of is of the essence, we need this particular information all together where we can get to it quickly.

CHILD'S FULL NAME: _____

DATE OF BIRTH: _____ EMAIL ADDRESS: _____

FULL HOME ADDRESS: _____

PRIMARY PHONE _____ ADDITIONAL PHONE _____

Parents' full names, addresses and phone numbers where they can be reached during school hours.

Mother's Name: _____

Address (if different from above) _____ Zip _____

Phone during school hours: _____

Father's Name: _____

Address (if different from above) _____ Zip _____

Phone during school hours: _____

Physician's name: _____ Preferred Hospital: _____

Address: _____

Phone: _____

EMERGENCY PHONE NUMBERS (Persons other than the Parent *who can pick up the child*) – 2 contacts required

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

(over)

*****Does your child have Asthma or Allergies? If yes, describe _____***

Allergies: _____

HEALTH INSURANCE COMPANY: _____

POLICY NUMBER: _____

I authorize the personnel of Open Arms Christian Preschool to obtain emergency medical treatment for my child, _____, when he/she is left in their supervision. When necessary, the school will call the child's physician, an ambulance or rescue squad, and utilize the emergency release I have provided. I will assume responsibility for all medical costs incurred by the preschool or its staff in seeking emergency care for my child.

Signature of insured parent/guardian: _____

Please note here who will be bringing and picking up your child from school each day. If anyone else is to ever pick up your child, please notify the school in advance, personally and in writing. We will require to see a driver's license of any such person.