

EMERGENCY FORM FOR STUDENTS OF LORD OF LIFE PRESCHOOL

Child's Name _____ Date _____

First person to try in case of emergency: Name _____

Number _____

Mother's Name _____ Home Phone _____

Mother's Email _____ Work Phone _____

Cell Phone _____

Father's Name _____ Home Phone _____

Father's Email _____ Work Phone _____

Cell Phone _____

All Medication(s) your child takes on a regular basis (Name and dosage)

Child's Allergies _____

Physician _____ Physician Phone _____

Primary Emergency Contacts who may be reached during school hours. (Not to include parent/guardian. Must be local.) Please include child care provider if applicable. Addresses are required by VDSS regulations.

Name _____ Address _____

Home phone _____ Cell phone _____

Name _____ Address _____

Home phone _____ Cell phone _____

Please complete other side of form.

**Pick Up Authorization
2010-11**

Persons authorized to pick up my child:

Name	Address	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Persons not authorized to pick up my child:

Children will be released from the preschool only to responsible persons for whom the preschool has written authorization. Please note that this form must be kept on file with the teacher and the office and updated whenever changes are necessary.

Please supply the office with any court orders regarding child's custody in the event that that the child is not to be released to the non-custodial parent.

Signature of parent/guardian: _____ Date _____

Please fill out other side of form.

