



**EMERGENCY FORM**

Date of Enrollment \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_

Parent 1 Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address (if different) \_\_\_\_\_ Employer's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address (if different) \_\_\_\_\_ Employer's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

PLEASE LIST OTHER CHILDREN IN FAMILY:

<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

.....

\_\_\_\_\_  
Physician of Choice      Phone #      Hospital of Choice      Phone #

\_\_\_\_\_  
Family Dentist      Phone #

Any known allergies? \_\_\_\_\_  
Last Tetanus Booster? \_\_\_\_\_  
Any Pertinent Medical Information \_\_\_\_\_

**EMERGENCY PHONE NUMBERS (Friend or Relative):**

This should be a person we can contact in case of illness or emergency if we are unable to reach either parent and has the authorization to pick the child up.

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

I give permission to the Southport Congregational Preschool to take whatever emergency measures (e.g., first aid, disaster evacuation) are judged necessary for the care and protection of my child while under the supervision of the program.

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (Police, Rescue Squad) deems it necessary. I, as the parent/guardian, will assume all financial responsibility.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf. Southport Congregational Preschool and Southport Congregational Church will not be held responsible in any situation.

I have read and discussed the Preschool's Discipline Policy and the rest of the 2023-2024 Policies and Procedures Handbook. I understand the policies and have no questions.

SIGNATURE \_\_\_\_\_  
(Parent or Guardian)

DATE: \_\_\_\_\_