



AUGUSTANA PRESCHOOL EMERGENCY INFORMATION

(State law requires that ALL questions in this section be completed before child begins preschool)

Child's Name: _____ Birth Date: _____

Address: _____ Home Phone: _____

Parent/Guardian Name: _____ Phone: (C) _____ (W) _____

Emergency Contacts: Persons authorized to assume temporary responsibility and transportation when parent(s) cannot be reached in an emergency or non-emergency situation. **MUST PROVIDE TWO (LOCAL).**

1. Name: _____ Address: _____

Relationship to child: _____ Phone/Cell: _____

2. Name: _____ Address: _____

Relationship to child: _____ Phone/Cell: _____

AUTHORIZATION: I authorize Augustana Preschool staff to take whatever emergency measures are necessary for the care and protection of my child. The parent or guardian will be contacted if possible. I understand this may involve calling 911 or contacting emergency resources before the parent. If the child has to be transported it is at the cost of the parent/guardian.

Physician's Name: _____ Address: _____ Phone: _____

Hospital: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Allergies: _____ Medications: _____

MEDICAL INSURANCE INFORMATION:

Provider: _____ Policy Number: _____

Policy holder: _____

Signature of Parent/Guardian: _____ **Date:** _____

For Office Use Only: Individualized Child Care Plan on site? Allergy Action Plan on site?