



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: _____ Phone #: _____

Parent/Guardian Name: _____ Work # _____ Cell # _____

Place of Employment: _____ Email _____

Parent/Guardian Name: _____ Work # _____ Cell # _____

Place of Employment _____ Email _____

Emergency Contacts/Authorized Pick-up: 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). DO NOT LIST A PARENT.**

1. Name: _____ Phone # _____

Address _____ City/State/Zip: _____

Relationship to child _____

2. Name: _____ Phone #: _____

Address: _____ City/State/Zip _____

Relationship to child _____

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 must be transported it is at the cost of the parent/guardian.

Physician/Clinic Name: _____ **Family Dentist** _____ **Hospital** _____

Address: _____ Address: _____ Address: _____

City/State/Zip _____ City/State/Zip _____ City/State/Zip _____

Phone # _____ Phone # _____ Phone# _____

Allergies: _____ **Medications:** _____

MEDICAL INSURANCE INFORMATION:

Provider: _____ Policy Number: _____

Policy holder: _____

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

Child is enrolled in: **3's:** T/TH 9:00 – 11:30am or T/TH 9:00 – 12:30pm
4's: M/W/F 9:00 – 11:30am or M/W/F 9:00 – 1:00pm or M - F 9:00 – 11:30am or M-F 9:00-1:00PM

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