



# 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? \_\_\_\_\_