

Emergency Information Form  
Waleska United Methodist Church Preschool

Child's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age as of 9/1 \_\_\_\_\_

Name child is called \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Occupation/Place of Employment \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Occupation/Place of Employment \_\_\_\_\_

Child lives with (please circle)      Father      Mother      Grandparent      Other \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Who should we call in the event of an emergency if you cannot be reached?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Who is permitted to pick up your child in addition to the above mentioned?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Are there allergies or special health conditions we should be aware of?

---

---

---

---