



## EMERGENCY INFORMATION

Name of a responsible person (other than parent) who can be called in case of illness or emergency if parents' cannot be reached

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Name	Relationship	Phone #
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Family Doctor \_\_\_\_\_

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Name	Address	Phone #
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Family Dentist \_\_\_\_\_

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Name	Address	Phone #
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\*We need to have a current copy of your child's immunization record. All state Required immunizations must be up to date.

Additional Health Information (allergies, medications, etc.) \_\_\_\_\_

Any additional information that you feel we need to know (will be kept confidential):

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This portion for preschool staff only.

Status: Registration payment received \_\_\_\_\_

Confirmation letter \_\_\_\_\_ Back to school packet \_\_\_\_\_