

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

Name	Relationship	Phone #
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Family Doctor _____

Name	Address	Phone #
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Family Dentist _____

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):

This portion for preschool staff only.

Status: Registration payment received _____

Confirmation letter _____ Back to school packet _____