

UNITED CHURCH NURSERY SCHOOL EMERGENCY INFORMATION

CHILD'S NAME _____

DATE OF BIRTH: ____/____/____

HOME PHONE: _____

EMAIL: _____

HOME ADDRESS: _____
STREET TOWN ZIP

Mother's Name: _____ Father's Name: _____

Cell Phone #: _____ Cell Phone #: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Work Address: _____ Work Address: _____

The following person(s) may be contacted in an emergency, if we are unable to contact a parent/guardian. This person is also authorized to pick up my child at the school, and can transport my child in their car at any time.

Name: _____ Phone: _____

Address: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____

Relationship: _____

Child's Physician:_____

Phone:_____

Physician's Address:_____

Child's Dentist:_____

Phone:_____

Dentist's Address:_____

Hospital Preference:_____

Parent's Health Insurance Company:_____

Health Insurance Policy Number:_____

Child's Allergies Or Medical Restrictions (If None, Write None)

Parent/Guardian Signature_____

Date_____/_____/_____

IT IS VERY IMPORTANT THAT YOU COMPLETE THIS ENTIRE FORM.