



# EMERGENCY INFORMATION 2019-2020

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

## Parents Contact Information

PARENT #1 Name \_\_\_\_\_ EMAIL \_\_\_\_\_

WORK \_\_\_\_\_ HOME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PARENT #2 NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

WORK \_\_\_\_\_ HOME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

## Other persons authorized to pick up my child (other than parent)

Nanny/Aupair/Babysitter: Name \_\_\_\_\_ Cell phone \_\_\_\_\_

1. Name \_\_\_\_\_ Cell phone \_\_\_\_\_

2. Name \_\_\_\_\_ Cell phone \_\_\_\_\_

3. Name \_\_\_\_\_ Cell phone \_\_\_\_\_

4. Name \_\_\_\_\_ Cell phone \_\_\_\_\_

## In case of sickness or emergency and parents cannot be reached, contact the person listed below: *(Please be sure to use local numbers)*

1. \_\_\_\_\_ PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

2. \_\_\_\_\_ PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE \_\_\_\_\_

DENTIST: \_\_\_\_\_ PHONE \_\_\_\_\_

PREFERRED HOSPITAL: \_\_\_\_\_

LAST DPT: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

## Medications:

\_\_\_\_\_

## OTHER SIGNIFICANT MEDICAL INFORMATION:

\_\_\_\_\_

I give my permission to Congregation B'nai Israel Bonim Preschool to make whatever emergency, (e.g. first aid, disaster evacuation) measures as judged necessary for the care and protection of my child while under the supervision of the school. In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource, (Police, Rescue Squad) deems it necessary. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_