



Office Use Only
Date of admission _____
Date of Discharge _____
Class Days _____
Class Hours _____

EMERGENCY FORM

Child's Name _____ Address _____
Telephone _____ Date of Birth _____
Parent's names _____
Address _____ Address _____
Phone _____ Cell (Mother) _____ Cell (Father) _____
Work _____ Work _____
E-Mail Address _____

Emergency Phone Numbers (other than parent)

Name _____ Phone _____
Other Phone (specify cell, work) _____
Address _____ Relationship _____
Name _____ Phone _____
Other Phone (specify cell, work) _____
Address _____ Relationship _____

Physician Name _____ Dentist _____
Address _____ Address _____
Phone _____ Phone _____

Please list any allergies or health conditions _____

Statement and Acceptance of School Policy Regarding Medical Treatment

In the event a child is injured or becomes ill at school, a staff member will administer first aid. A staff member will then attempt to reach parents. If the parents cannot be reached, the school will try to contact the adults listed on the emergency form. If the injury or illness is serious, and either the parents or the adults listed on the emergency form cannot be reached, the Glenview Fire Department paramedics will be called immediately. If transportation to the hospital is needed for my child in case of illness or injury, I give permission for my child to be transported by the paramedics of the Glenview Fire Department to the nearest hospital.

Parent/Guardian Signature: _____

Authorization for Pick-Up

Primary List (persons authorized to pick up regularly other than parents)

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Other Current Glenview Methodist Preschool Parents

Name _____

Name _____

Name _____

Name _____

Contingency List (persons who might pick up occasionally. Need note or phone call authorizing pick-up that day)

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Field Trips and Excursions

I hereby give consent to Glenview Methodist Preschool, Inc. to take _____ on walking trips in the neighborhood and special excursions with the understanding that such trips are under the supervision of authorized personnel of the school and that all possible precautions are taken to ensure the health and safety of my child.

Parent/Guardian Signature

Date

Photo Permission

I hereby authorize Glenview Methodist Preschool to use photographs of my child _____, for publicity purposes without compensation to me or my child.

Parent/Guardian Signature

Date