

**Mount Olive Lutheran Preschool
Emergency Information Form**

Child's Name _____ Birthdate _____

Parent's Names _____

Home Phone# _____ Cell Phone# _____

Mother's Employer _____ Phone # _____

Father's Employer _____ Phone # _____

Guardian's Employer _____ Phone # _____

Describe the best way to reach parent or guardian while child is at Mount Olive:

If staff is unable to reach the parents, they will attempt to reach a neighbor, relative or friend who will assume responsibility for care of the child in an emergency.

Name #1 _____ Phone # _____

Address _____ Relationship _____

Name #2 _____ Phone # _____

Address _____ Relationship _____

Names of persons (other than parents) AUTHORIZED to take the child from school. Include any carpool arrangements:

Name _____ Phone# _____

Name _____ Phone# _____

Names of persons specifically UNAUTHORIZED to take the child from school:

Physician _____ Phone# _____

Physician Address _____

Dentist _____ Phone# _____

Dentist Address _____

List any known allergies _____

Date of last DPT/tetanus _____

Other significant medical information _____

Medical Insurance

carrier: _____ ID# _____ Group# _____

I understand that in some emergency situations the staff will need to contact the Emergency Medical Service (911) before the parent, child's physician, or other adult acting on the child's behalf. In the event of a non-life-threatening medical emergency, my child should be transported to _____ hospital. If it is a life-threatening emergency, I understand that the child will be transported at the expense of me or my insurance carrier. If no hospital is designated, we will transport to St. Francis Hospital in Shakopee, Mn.

I hereby grant permission to the staff of Mount Olive Lutheran Preschool to take whatever emergency measures are judged necessary for the care and protection of my child while under the care and supervision of the preschool

Parent/Guardian signature _____ Date _____