



NORTHCOMO PRESCHOOL

# STUDENT EMERGENCY FORM

Please fill in the information below and on the back.

|                   |                |
|-------------------|----------------|
| Student:          |                |
| Room:             | Date of Birth: |
| Address:          |                |
| City, State, Zip: |                |

| Parent/Guardian                           | Parent/Guardian                           |
|---|---|
| Name:                                     | Name:                                     |
| Address:                                  | Address:                                  |
| Phone #1:                                 | Phone #1:                                 |
| #2:                                       | #2:                                       |
| #3:                                       | #3:                                       |
| Preferred email for school communication: | Preferred email for school communication: |

|                                      |          |
|--------------------------------------|----------|
| Physician:<br>Address:               | Phone:   |
| Dentist (Clinic):<br>Address:        | Phone:   |
| Insurance Company:<br>Policy Number: | Group #: |
| Medications:                         |          |
| Allergies/Medical Conditions:        |          |
| Preferred Hospital:                  |          |

**Permission to treat:**

In the event of serious illness or injury occurring within the jurisdiction of North Como Preschool, the school will first attempt to reach you and/or your physician. If you are unavailable, a school official will make arrangements with a physician, hospital, or an emergency resource for immediate care.

I give permission to North Como Preschool to:

- Act on my behalf to take whatever emergency measures (such as first aid, disaster, and evacuation) are judged necessary for the care and protection of my child while under supervision of the school.

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

# Emergency Contacts

In the event that my child becomes ill, injured, or in any emergency when I am not available, the following individuals may be notified, and are authorized to pick up my child from school.

**A minimum of 2 names in addition to Parent/Guardian are required.**

| Name: | Relationship: | Phone Numbers: | Address: |
|-------|---------------|----------------|----------|
| 1.    |               |                |          |
| 2.    |               |                |          |
| 3.    |               |                |          |
| 4.    |               |                |          |

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