Little Pals Preschool, LTD **2020-2021**

Emergency Student Information

Child's Full Name:	Date of Birth:

Child's Home Address:

Please list parents (or guardians) on separate lines and also at least one alternate emergency contact.

Emergency Contacts

Contact Name	Relationship	Cell Number	Home Number	Additional Number

To expedite emergency care if needed, it is helpful to know:

Child's Primary Care Physician: Phone Number:

Medical Insurance Provider: Group ID Number:

Medical Insurance Carrier Policy Number

1. Does your child have any allergies to food, medication, other ? o Yes o No

If yes, what is your child allergic to?

2. Does your child have asthma? o Yes o No

3. Does your child require an epi pen or inhaler?. o Yes o No

If yes, please indicate instructions & where items will be kept on a daily basis (we recommend on site at Little Pals in child's classroom)

In the case of an emergency or injury, I authorize Little Pals Preschool, LTD to secure medical care for my child: ______________________________ (child's name). I understand that in the event of an accident or illness every effort will be made to notify us, the parents, as soon as possible ,at the numbers listed above. In the event that transportation to a hospital is required the director/assistant director will accompany your child. If the parents cannot be immediately contacted, Little Pals will call the alternate emergency contact(s) listed above.

Signature—Parent or Legal Guardian: Date: