



EMERGENCY FORM

Student Information:

Child's Full Name _____ Birthdate _____

Family Address _____ Preferred Phone _____

Family Information:

Mother/Guardian _____ Cell Phone _____

Occupation _____ Work Hours _____

Employer Address _____ Work Phone _____

Father/Guardian _____ Cell Phone _____

Occupation _____ Work Hours _____

Employer Address _____ Work Phone _____

Medical Information:

Physician _____ Phone _____ Hospital _____

Medical Concerns: Allergies/Chronic Conditions/Restrictions/Special Needs? (please list)

Is your child on any medication? _____

MEDICAL RELEASE

I give permission to Growing With Grace Preschool/Grace Lutheran Church to take whatever emergency measures are judged necessary for the care and protection of my child while under the supervision of the center. I hereby grant permission for staff members to obtain emergency medical treatment for my child and, if necessary, have my child transported to the nearest hospital for any immediate treatment deemed necessary by the hospital staff. I hereby grant permission for my child to use all the play equipment and participate in all the activities associated with the Growing With Grace Preschool/Grace Lutheran Church. Growing With Grace Preschool/Grace Lutheran Church and the staff are not responsible for any cost due to accidental injury, or illness, for any persons, on or off, Grace Lutheran Church property.

Signature _____ Date _____

EMERGENCY CONTACTS (IF PARENTS CANNOT BE REACHED)

(Please list contacts as close to Grace Lutheran Church as possible.)

1) Name _____ Phone _____

Address _____ Relationship _____

2) Name _____ Phone _____

Address _____ Relationship _____