

Shepherd of the Valley Preschool

Emergency Information and Authorized Pick Up Information

Child's Name _____ Home Phone _____

Date of Birth _____

**Person/s to call in the event of an emergency and are Authorized to Pick Up: (Please provide at least 4)
If there are more people than spaces available, please add to the back of the form**

1. **Parent 1/Guardian** _____ Cell Phone _____

Email address: _____ Other Phone _____

Occupation/Business Name: _____

2. **Parent 2/Guardian** _____ Cell Phone _____

Email address: _____ Other Phone _____

Occupation/Business Name: _____

3. **Authorized Person** _____ Cell Phone _____

Address _____ Other Phone _____

4. **Authorized Person** _____ Cell Phone _____

Address _____ Other Phone _____

5. **Authorized Person** _____ Cell Phone _____

Address _____ Other Phone _____

6. **Authorized Person** _____ Cell Phone _____

Address _____ Other Phone _____

*Address is a requirement of my state license for all people authorized to pick up students.

Name of Child's Doctor _____ Phone _____

Address _____

Emergency Hospital Preference _____ Phone _____

Address _____

Name of Child's Dentist _____ Phone _____

Address _____

Is there anyone your child SHOULD NOT have contact with? _____ No _____ Yes

If yes, who? _____

I give my permission for Shepherd of the Valley Preschool to take whatever steps may be necessary to obtain emergency medical care if warranted.

Signed _____ Date _____
(Parent 1 or Legal Guardian)

Signed _____ Date _____
(Parent 2 or Legal Guardian)

Notification of Allergies (Complete only if applicable)

Allergies _____

Reaction _____

I have supplied an epi pen to Shepherd of the Valley Preschool and give them the right to use it on my child if necessary.
_____ Yes _____ No

Signed _____ Date _____
(Signature of Parent of Legal Guardian)