



Lampeter Community Preschool Emergency Card

Child's Name _____

Birthdate _____ Home Phone _____

Home Address _____

Mother's Name: _____ Father's Name: _____

Work #: _____ Work #: _____

Cell #: _____ Cell #: _____

Additional Emergency Contacts (Please list in order to be called):

1. Name _____ Relationship: _____

Phone: _____

2. Name _____ Relationship: _____

Phone: _____



**Lampeter Community Preschool
Emergency Card**

Child's Doctor: _____ Phone: _____

Doctor Address: _____

Hospital Preference: _____

Known allergies or medications which may affect your child's treatment:

It is my understanding that Preschool staff will attempt to notify me in case of a medical emergency involving my child. If I cannot be reached, I authorize Preschool staff to seek immediate medical attention for my child from a healthcare professional. I give my permission to the doctor or other healthcare professional to provide medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

Parent/Guardian Signature: _____ Date: _____