

Emergency Care Information

Child's name _____

Phone numbers at which parents can be reached during school hours:

Mother 1) _____ 2) _____ 3) _____

Father 1) _____ 2) _____ 3) _____

Name of insurance carrier _____

Child's physician _____ Office phone _____

Physician's address _____

Child's dentist _____ Office phone _____

Dentist's address _____

Hospital preference _____ Hospital phone _____

If neither parent/guardian can be contacted in a medical emergency, contact these persons. My child may be released to either of them. -----**MUST BE LOCAL**-----

Name _____ **Relationship to child** _____

Phone numbers at which this person can be reached during school hours:

1) _____ 2) _____ 3) _____

Name _____ **Relationship to child** _____

Phone numbers at which this person can be reached during school hours:

1) _____ 2) _____ 3) _____

The director of First Baptist Preschool or other persons acting on the director's behalf and at the director's instruction may authorize the physician of the director's choice to provide emergency care in the event that neither I nor the child's physician can be contacted immediately.

Parent's signature _____ Date _____