

Vista Kids Preschool

Emergency Information and Authorization For Treatment and Transportation

Child's Name _____ Nickname _____ Date of Birth _____
Last First

Child's Address _____ Home Phone _____
Street City/State Zip code

Parent's Address (if different then listed above) _____
Street City/State Zip code

Parent/Guardian Name _____ Cell phone/pager _____

Employer/School _____

Employer/School Address _____ Phone _____
Street City/State Zip code

Parent/Guardian Name _____ Cell phone/pager _____

Employer/School _____

Employer/School Address _____ Phone _____
Street City/State Zip code

Alternate Emergency Contact:

1 _____
Name Relationship Phone Number Cell Phone Pager

2 _____
Name Relationship Phone Number Cell Phone Pager

Additional Person Authorized to Pick up Child:

1 _____
Name Relationship Phone Number Cell Phone Pager

2 _____
Name Relationship Phone Number Cell Phone Pager

Doctor's Name: _____ Address _____ Phone Number _____

Dentist's Name: _____ Address _____ Phone Number _____

Preferred Hospital: _____ Address _____ Phone Number _____

Allergies/Reactions _____

Chronic Illnesses/Special Needs _____

Medications _____

Insurance Information _____

Authorization for emergency medical care and transportation:

In the event of an emergency I hereby give my permission for child care staff to access emergency medical services for my child, including transport to the nearest health care facility, to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport.

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature _____

Date _____