



## Identification and Emergency Information Form

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mother or Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer or School: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father or Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer or School: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Persons authorized to pick up child

\_\_\_\_\_  
\_\_\_\_\_

(Under no circumstances will your child be released to anyone not known to the school without authorization from parents of guardian.) NOTE: It is legal for either parent to pick up a child unless we have a copy of a court order restricting visitation.

### Persons to be called in case of emergency

*Be sure to include someone who will usually know your whereabouts.*

Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Hospital Preference \_\_\_\_\_

In the event of an accident or illness requiring emergency medical care, and in the event that I cannot be contacted immediately, I hereby authorize the Nursery School Director or other persons in charge to secure such medical care as necessary.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date