

Saint Mark's Preschool and Extended Day Program
EMERGENCY CONTACT FORM
ONE FORM FOR EACH CHILD

Child's Name: _____ **Birthdate** _____ **M / F**

Legal Guardian #1 Information

Name: _____

Address: _____

Home Phone: _____ Work Phone # _____ Cell # _____

Employed by: _____

Email Address: _____

Legal Guardian #2 Information

Name: _____

Address: _____

Home Phone: _____ Work Phone # _____ Cell # _____

Employed by: _____

Email Address: _____

**EMERGENCY CONTACTS AND PERSONS AUTHORIZED TO PICK UP CHILD FROM CENTER
(TWO NEEDED, OTHER THAN LEGAL GUARDIAN):**

Name: _____ Preferred Phone: _____

Address: _____

Name: _____ Preferred Phone: _____

Address: _____

Name: _____ Preferred Phone: _____

Address: _____

IN CASE OF HEALTH EMERGENCY, CALL DOCTOR:

Name: _____ Phone: _____

Address: _____

Hospital of preference: _____

Insurance Information (optional) : _____

IN CASE OF DENTAL EMERGENCY, CALL DENTIST:

Name: _____ Phone: _____

Address: _____

Insurance Information (optional) : _____

DOES YOUR CHILD HAVE ANY ALLERGIES, MEDICATIONS OR SPECIAL DIETARY NEEDS?

YES _____ NO _____

If YES, please describe:

Parent/Guardian Signature _____ Date _____