

Trinity Presbyterian Preschool
CHILD INFORMATION FORM
for EMERGENCY/DISASTER PREPAREDNESS

Complete all items on this form. Sign and date where indicated.

Child's Name _____ Birth Date _____
Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____

Child's Home

Address _____ Street/Apt. # _____ City _____ State _____ Zip Code _____

When parents cannot be reached, list at least one person who may be contacted to pick up the child in an emergency/disaster:

1. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____ Street/Apt. # _____ City _____ State _____ Zip Code _____

2. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____ Street/Apt. # _____ City _____ State _____ Zip Code _____

3. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____ Street/Apt. # _____ City _____ State _____ Zip Code _____

Child's Primary Physician or Source of Health Care _____ Telephone _____

Address _____ Street/Apt. # _____ City _____ State _____ Zip Code _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian _____ **Date** _____

(Complete both front and back)

CHILD INFORMATION FORM -continued

Mother's Name _____ Home Telephone _____
Last First

Mother's Employer/School _____

Name _____ Address _____

Mother's Home (*If different from above*) _____

Address _____ Street/Apt. # _____ City _____ State _____ Zip Code _____

Work Telephone _____ Cellular Phone _____ E-mail _____

Father's Name _____ Home Telephone _____
Last First

Father's Employer/School _____

Name _____ Address _____

Father's Home (*If different from above*) _____

Address _____ Street/Apt. # _____ City _____ State _____ Zip Code _____

Work Telephone _____ Cellular Phone _____ E-mail _____

Name of Person Authorized to Pick Up Child (*daily*)

1. _____
Last First Relationship to Child

Address _____ Street/Apt. # _____ City _____ State _____ Zip Code _____

2. _____
Last First Relationship to Child

Address _____ Street/Apt. # _____ City _____ State _____ Zip Code _____

Name of person(s) with court ordered restricted access to the child

1. _____

2. _____

3. _____