

CLASSROOM EMERGENCY CARD 2022/23

Name _____ Birthdate _____ Allergies _____

Father/Guardian _____ Mother/Guardian _____

Primary Contact Phone Number _____ (Please Circle) Mom Dad

Secondary Contact Phone Number _____ (Please Circle) Mom Dad

E-Mail Address _____

Address _____

Other Authorized Adult for Pick Up

Name: _____ Contact #s _____

I give permission to K-Prep Preschool to make whatever emergency measures are judged necessary for the care and protection of my child while under the supervision of K-Prep Preschool. In case of medical emergency, I understand that my child will be transported to the nearest hospital by the local emergency unit for treatment if deemed necessary by the emergency resource. My child will be transported at my expense or my insurance.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parents/guardian when necessary.

Signature (Parent/Guardian): _____ Date: _____

CLASSROOM EMERGENCY CARD 2022/23

Name _____ Birthdate _____ Allergies _____

Father/Guardian _____ Mother/Guardian _____

Primary Contact Phone Number _____ (Please Circle) Mom Dad

Secondary Contact Phone Number _____ (Please Circle) Mom Dad

E-Mail Address _____

Address _____

Other Authorized Adult for Pick Up

Name: _____ Contact #s _____

I give permission to K-Prep Preschool to make whatever emergency measures are judged necessary for the care and protection of my child while under the supervision of K-Prep Preschool. In case of medical emergency, I understand that my child will be transported to the nearest hospital by the local emergency unit for treatment if deemed necessary by the emergency resource. My child will be transported at my expense or my insurance.

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Signature (Parent/Guardian): _____ Date: _____