



# EMERGENCY INFORMATION



Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Home Address \_\_\_\_\_

Phone \_\_\_\_\_

## INSTRUCTIONS TO REACH PARENT/GUARDIAN (please print)

1. \_\_\_\_\_  
NAME DAYTIME PHONE CELL

2. \_\_\_\_\_  
NAME DAYTIME PHONE CELL

## PEDIATRICIAN OR SOURCE OF HEALTH CARE (please print)

1. \_\_\_\_\_  
Doctor's Name Address Phone

## EMERGENCY CONTACT PERSON(S) (who could pick up your child if necessary)

1. \_\_\_\_\_  
NAME PHONE CELL Relationship

2. \_\_\_\_\_  
NAME PHONE CELL Relationship

3. \_\_\_\_\_  
NAME PHONE CELL Relationship

## EMERGENCY RELEASE FORM

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child \_\_\_\_\_. However, (Name- please print)

if I cannot be reached I hereby authorize the Temple Emanuel Preschool to transport my child to the \_\_\_\_\_ or nearest hospital, which is the Newton Wellesley Hospital and secure for my child the necessary medical treatment. I understand that the staff members in the nursery school are trained in the basics of First Aid and CPR and I authorize them to administer basic First Aid and/or CPR to my child when appropriate.

Parent or Guardian Signature

Date