

**MAIN STREET PRESCHOOL AND PARENTS DAY OUT
FIRST BAPTIST CHURCH OF TUCKER**

2010-2011

Emergency Information & Consent for Treatment

Child's Name _____, _____
(last) (first)

Birthdate ____/____/____ (m/d/yr) Male _____ or Female _____

Home address _____ City _____ Zip _____

Phone _____

Mother's Name _____

cell phone _____ Business phone _____

Father's Name _____

cell phone _____ Business phone _____

IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED, PLEASE LIST OTHERS WE
MAY CONTACT:

1) Name: _____ Relationship to child: _____

cell #: _____ or other # _____

2) Name: _____ Relationship to child: _____

cell #: _____ or other # _____

3) Name: _____ Relationship to child: _____

cell #: _____ or other # _____

List all know allergies, especially food allergies: _____

Medication currently taking: _____

Pediatrician or family physician: _____ phone # _____

Preferred hospital: _____

**By signing below, you are authorizing Main Street Preschool of FIRST BAPTIST CHURCH OF
TUCKER to have your child medically treated in an emergency situation:**

Signature _____ **Date** _____

Printed name _____