

**Emergency Contacts and Information – Please complete all blanks & sign**

Meredith Drive Preschool 2010-11

<b>Class (circle one)</b>	<b>2A</b>	<b>2B</b>	<b>3A</b>	<b>3B</b>	<b>3C</b>	<b>4A</b>	<b>4B</b>	<b>BPM</b>
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Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Mom's name \_\_\_\_\_ Work phone \_\_\_\_\_ Cell # \_\_\_\_\_

Dad's name \_\_\_\_\_ Work phone \_\_\_\_\_ Cell # \_\_\_\_\_

Primary e mail (please print clearly) \_\_\_\_\_

**Local emergency contacts in case parents cannot be reached**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell # \_\_\_\_\_

**Health insurance information**

Insured's name \_\_\_\_\_ Employer \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy/Group# \_\_\_\_\_

**Health provider information – please complete *all* blanks**

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_

Present medication, allergies or other information pertinent to emergency medical care:

**By signing below:**

- I understand that every effort will be made to reach me in the event of an emergency. I authorize the personnel of Meredith Drive Preschool to secure emergency medical and dental treatment as deemed necessary and for emergency transport by staff or other emergency contacts. I agree to assume financial responsibility for all expenses related to this treatment. \_\_\_\_\_ yes \_\_\_\_\_ no
- I give permission to photograph my child for preschool's informational/promotional purposes. I understand my child's name would never be connected to their photo. \_\_\_\_\_ yes \_\_\_\_\_ no
- I give permission to include my child's and my name/address/phone on a class roster to distribute to the class. \_\_\_\_\_ yes \_\_\_\_\_ no

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date