

# HOPE PDO & PRESCHOOL STUDENT EMERGENCY CARD

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

Home Address \_\_\_\_\_ City and Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Mom's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer Name & Address \_\_\_\_\_ WkPhone \_\_\_\_\_

Dad's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer Name & Address \_\_\_\_\_ Wk Phone \_\_\_\_\_

## Alternate Emergency Contact:

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

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

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

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

## Medical Information:

Child's Dr. \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

EXPLAIN/LIST any allergies or other medical concerns regarding your child: \_\_\_\_\_  
\_\_\_\_\_

## Additional Persons Authorized to Pick up Child

1. \_\_\_\_\_ Address \_\_\_\_\_ Cell \_\_\_\_\_

2. \_\_\_\_\_ Address \_\_\_\_\_ Cell \_\_\_\_\_

3. \_\_\_\_\_ Address \_\_\_\_\_ Cell \_\_\_\_\_

4. \_\_\_\_\_ Address \_\_\_\_\_ Cell \_\_\_\_\_

5. \_\_\_\_\_ Address \_\_\_\_\_ Cell \_\_\_\_\_

NAME anyone who may NOT pick up your child: \_\_\_\_\_

Is there a legal restraining order? Yes \_\_\_\_\_ No \_\_\_\_\_

In the event of an emergency I hereby give permission for Hope PDO and Preschool staff to access emergency medical services for my child, including transport to the nearest health care facility to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport.

Signed \_\_\_\_\_ Date \_\_\_\_\_