

STUDENT EMERGENCY INFORMATION

(must be filled out annually)



Child's Name	Gender	Birthdate
Primary address		
Guardian's Name & Relationship	Home #	Cell #
Work Address		Work #
Guardian's Name & Relationship	Home #	Cell #
Work Address		Work #

PLEASE LIST ANY **ADDITIONAL PEOPLE** WHO ARE AUTHORIZED TO PICK UP YOUR CHILD

Name	Relationship
Primary address	Cell #
Name	Relationship
Primary address	Cell #

PREFERRED MEDICAL PROVIDERS

Doctor	Phone	Address
Dentist	Phone	Address
Hospital	Phone	Address

I, _____ hereby give my permission to the Fort Collins Preschool Association to call a Doctor for medical or surgical care of my child should an emergency arise. It is understood that a conscientious effort will be made to locate my spouse or me before any action will be taken; however, if we cannot be located, we will accept this expense (including hospital care).

It is understood that sunscreen protection is the parent's responsibility. However, I give permission to the Fort Collins Preschool Association to apply a PABA free sunscreen to my child in the event the staff deems it necessary.

Signature _____ Date _____