

Emergency Page & Permission Slip

## PLEASE MAKE SURE TO FILL THIS FORM OUT COMPLETELY - THIS IS OUR ONLY WAY TO CONTACT YOU IF WE HAVE TO EVACUATE THE BUILDING.

	Child's Full Name:		Date of Birth	
Address:				
Parent or Guardian	Emergency ( Work #	Lontacts Home#	Cell #	
1.	WOIK #	HOME#	Cell #	
2.				
Others to be contacted in the	event we cannot reach eithe	r parent or quardian in case	of emergency:	
Name	Work #	Home#	Cell #	
1.	WORK "	Home"		
2.				
3.				
	Out of State Contac	t for Local Emergencies		
Name	Work #	Home#	Cell #	
1.				
2.				
Child's Physician:	CI	hild's Dentist		
Name	Phone	Name	Phone	
I hereby authorize the director o	Authorization for Emerger or staff representing The Avenue		ues Preschool, The Eastside	
Preschool or The Cottonwood Pre	eschool to give consent for nec	essary emergency medical care		
medical care, for my child	Personal Inf		the custody of the prescribbl.	
Child's Height:		edical conditions and allergies:		
	Permissio	n Slip		
l,	do herby give my permissio	on for my child,	, to participate	
Parent/Guardian's Name all outings and activities, both or ne Cottonwood Preschool. This pe ccursions to parks and playground ealize that the staff will do everyth esponsible for accidents.	ermission includes transportations. I retain the right to withhold	on to and from scheduled activity my child from any of the above	ities, including walking ve activities, if I so desire. I do	
arent's Signature:		Da	nte://	
Place 1 copy in Emer	gency book, copy to the teache	ers and 1 copy in child's enrollm	nent file	