

EMERGENCY NUMBERS

CHILD'S NAME _____

Home phone number _____

Mom's Name _____ Cell phone _____

Work _____

Dad's Name _____ Cell Phone _____

Work _____

In case of illness, if parents cannot be reached, these people can be called to pick up our child:

Name _____ Phone _____ Relationship _____

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Unless otherwise indicated, we will call in this order: Home, Mother, Father, Emergency Numbers as listed.

We authorize the Nursery School to:

1. care for my child during the time he or she is at Nursery School.
2. Secure emergency medical treatment for child in the event we cannot be reached.

Signature

Date

Child's Doctor _____ Phone Number _____

Hospital Preference _____

CARPOOL AND PICK UP AUTHORIZATION FORM

The following persons are authorized to pick up our child:

Only we (the parents) will pick up our child unless we send a written notification.

Signature

Date