

Weekday Preschool Emergency Information

Child's name _____ Home phone _____

Father's name _____ Cell phone _____

Father's employer & work number _____

Mother's name _____ Cell phone _____

Mother's employer & work number _____

Child's Physician _____ Phone _____

Emergency Numbers

Other than parents/guardians, **IN CASE OF EMERGENCY**, contact:

First Choice _____ Relationship to child _____

Telephone _____

Second Choice _____ Relationship to child _____

Telephone _____

Who will be bringing your child to preschool? _____

Who will be picking up your child? _____ Phone _____

If these arrangements change during the year, please notify the teachers.

I/We authorize the WPS staff to act in my/our behalf to authorize emergency care for my/our child from a doctor or hospital staff until I/We can be notified of the emergency.

Parents'/Guardian's Signature _____ Date _____

_____ We give permission for our name, address and phone number to be included in a class list given to the class member's parents.