

# FIRST BAPTIST PRESCHOOL 2021-2022

## CHILD'S CARE, EMERGENCY INFORMATION, FIELD TRIP INFORMATION

Name of child (Last, First, Middle Initial)		Name of parents:		
Child's Date of Birth	Home Phone	Address: (Number and Street)		
Allergies:	City:	State:	Zipcode	
Special Health Concerns if any:				
1.Parent's location when child's in care (Employee, School, etc.)		Hours of employment	Work Phone Number	
Address: Number and Street		City:	Zip Code	Cell Phone
2.Parent's location when child's in care (Employee, School, etc.)		Hours of employment	Work Phone Number	
Address: Number and Street		City:	Zip Code	Cell Phone
<b>PERSON OTHER THAN PARENT TO BE NOTIFIED IN EMERGENCY SITUATION WHEN PARENT IS NOT AVAILABLE</b>				
Name:		Phone Number	Cell Phone	
Address: Number and Street		City:	State:	Zip Code
<b>NAMES OF PERSONS OTHER THAN PARENT TO WHOM CHILD MAY BE RELEASED</b>				
1		3		
2		4		
<p><b>Emergency treatment and transportation:</b>  I hereby give permission to <b>First Baptist Preschool</b> licensed by the Division of Child Development to secure emergency medical, dental, and/or emergency surgical treatment and to provide emergency transportation for the above named minor child while in care.  Non-emergency medical treatment or elective surgery is not included in this authorization</p>				
Signature of Parent or Guardian:		Date Signed:		
Name of Child's Physician or Health Clinic		Office Hours	Phone Number	
Address (Number and street)		City	State	Zip Code
Hospital Preferred for Emergency Treatment		Health Insurance Policy Name and Number		
Name of Child's Dentist		Office Hours	Phone Number	
Address (Number and street)		City	State	Zip Code