

FIRST BAPTIST PRESCHOOL 2024-2025

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:	Zipcode 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:	Zipcode Cell Phone
PERSON OTHER THAN PARENT TO BE NOTIFIED IN EMERGENCY SITUATION WHEN PARENT IS NOT AVAILABLE			
Name:		Phone Number	Cell Phone
Address: Number and Street		City:	State: Zipcode
NAMES OF PERSONS OTHER THAN PARENT TO WHOM CHILD MAY BE RELEASED			
1		3	
2		4	
<p>Emergency treatment and transportation: I hereby give permission to First Baptist Preschool 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: Zipcode:
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: Zipcode: