



Preschool Enrichment Program

Highland View Church of Christ

Emergency Information Form

A copy of this form will be kept in child's class

Child's Full Name _____

First Middle Last

Name child goes by _____ Sex _____ Birth date _____

Child's address _____

Child's home phone _____

Name of Parents/Legal Guardians _____

Child's Physician _____ Phone _____

Insurance Company _____ Phone _____

Insurance Company Address _____

Name of Policy Holder _____

Insurance Group/Policy Number _____

Please list any medication child takes regularly: _____

Is Child allergic to any medications? If yes, please list. _____

Please list any health problems or food allergies: _____

Child may be picked up in the afternoons by the following: _____

In the event of an emergency:

Contact mother at _____ Contact father at _____

Relative or friend authorized to act in emergency:

1. _____ Phone _____

2. _____ Phone _____

I do hereby authorize emergency medical care for my child.

Parent Signature _____ Date _____