

Holy Protection Orthodox Christian Preschool
Parental Consent and Emergency Information

Child's Name: _____ Date of Birth: _____

Address: _____

FATHER'S INFO:

MOTHER'S INFO:

Name: _____

Name: _____

Home Telephone: _____

Home Telephone: _____

Cell #: _____

Cell #: _____

Home Address: _____

Home Address: _____

Email Address: _____

Email Address: _____

Employer's Name/Address: _____

Employer's Name/Address: _____

Work Phone: _____

Work Phone: _____

Preferred method of contact in case of school closings or other messages:

Email _____ Text _____ Cell Phone _____ Home Phone _____

PERSON TO BE CONTACTED IN AN EMERGENCY IF PARENTS ARE NOT AVAILABLE:

Name: _____

Home Telephone: _____

Address: _____

Cell Phone #: _____

Work Phone: _____

Relationship to child: _____

Physician's Name: _____

Telephone: _____

Address: _____

Health Insurance Company Name and Policy/ Identification Number:

Allergies: _____ Medications: _____ Physical Disabilities: _____

Check if necessary to add additional information on back.

OTHERS WHO MAY PICK-UP CHILD:

Name: _____

Telephone: _____

Address: _____

Relationship to Child: _____

Name: _____

Telephone: _____

Address: _____

Relationship to Child: _____

OTHERS WHO MAY PICK-UP CHILD (Continued)

Name: _____ Telephone: _____
Address: _____ Relationship to Child: _____

Name: _____ Telephone: _____
Address: _____ Relationship to Child: _____

Name: _____ Telephone: _____
Address: _____ Relationship to Child: _____

WRITTEN CONSENT IS GIVEN FOR ITEMS BELOW: (Parent Signature required)

_____ Administration of Minor First Aid

_____ Emergency Medical Treatment

_____ Emergency Medical Transportation

If there are any changes or additions to the information provided on this form, I agree to inform the Director and/or teacher of those changes in writing.

Signature of Parent

Date

Director's Initials _____ **Date:** _____