

The Little School
Emergency Contact Information

Date completed _____ Updated on _____

Child's name _____ Date of birth _____

Address _____ Home phone _____

1 Parent's name _____ #2 Parent's name _____

Business phone _____ Business phone _____

Cell phone _____ Cell phone _____

Name of other person to be contacted in case of an emergency

1. _____ Address _____

Relationship (sitter, relative, friend, etc) _____ Phone _____

2. _____ Address _____

Relationship (sitter, relative, friend, etc) _____ Phone _____

Authorization is hereby given for the Little School staff to release the above named child to the following persons, provided proper identification is first established (list all names of authorized persons, including immediate family)

1. _____ Relation _____

2. _____ Relation _____

3. _____

Relation _____

Physician to be called in an emergency

1. _____ Phone _____

2. _____ Phone _____

Hospital preference _____

Child's allergies _____

I, the undersigned, authorize the staff of the Little School to take what emergency medical measures are deemed necessary for the care and protection of my child enrolled in the Little School.

Signature of parent

Date

Name of parent