

Leap of Faith Preschool Emergency Form

THIS FORM MUST BE COMPLETED IN FULL BEFORE YOUR CHILD CAN ATTEND SCHOOL
(Including Physician and Dentist)

Child's Name: _____ Birth Date: _____

Child lives with: Both Parents Father Mother Guardian

Contact First: Father Mother Guardian Phone: _____

Father's Name: _____ **Mother's Name:** _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Place of employment: _____ Place of employment: _____

Work Phone: _____ Work Phone: _____

E-mail address: _____ E-mail address: _____

Permission to mass e-mail: Yes No Permission to mass e-mail: Yes No

Daycare Provider Name: _____ Phone: _____

When is child normally at Daycare? _____

Regular Physician's Name: _____ **Emergency Physician's Name:** _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Regular Dentist Name: _____ **Emergency Dentist Name:** _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Food Allergies: _____ Other Allergies: _____

Medications & other specific medical information: _____

2 Emergency Contacts/Authorized Pick - ups OTHER than parents are required.
(Within 20 minutes of the school.) List additional names on back.
Any person picking up child from school MUST be listed.

1st Contact's Name: _____ **2nd Contact's Name:** _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

UNAUTHORIZED Pick ups:

if available, please provide photo of unauthorized pick-up

NOTE: ONLY AUTHORIZED persons may pick up your child. Please contact us in writing with any changes in authorization.

~Please complete in full. Incomplete forms will be returned for completion~

****Due by August 15****

Please see reverse side →

