

ST. VINCENT DE PAUL PRESCHOOL
6828 Old Reid Road—Charlotte, NC 28210
704-644-4656

EMERGENCY CONTACT FORM
20__ - 20__

PLEASE PRINT

CHILD'S NAME: _____
Last First Middle

IN CASE OF EMERGENCY: Best Contact Phone Number: _____
(This number will be called first.)
Home telephone: _____

Father's Name: _____

Father's Business Ph: _____ Cell: _____

Mother's Name: _____

Mother's Business Ph: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Child's physician: _____ Phone: _____

Hospital Preference: _____
(This will be honored whenever possible, but in accordance with the prevailing circumstances, it will be left to the discretion of the adult in charge.)

Insurance Carrier Policy Number

My child has the following allergies as listed. (e.g., peanuts, medication, pets, bee sting, food):

My child has the following serious condition/s which necessitate/s immediate medical attention should it/ they occur during school hours:

I agree that the Preschool director or teacher may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Date Mother's signature Father's signature