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: _____

Home Phone Number: _____

Father's Name: _____

Father's Business Ph: _____ Cell: _____

Mother's Name: _____

Mother's Business Ph: _____ Cell: _____

Emergency Contact: Name: _____ Phone: _____

Emergency Contact: Name: _____ 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

ALLERGIES: My child has the following allergies as listed (peanuts, medication, bee sting, pets, other food, etc.):

_____

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