

# Grace Christian Preschool 2022-2023 Emergency Contact/Parental Consent Form

Full Name of Child \_\_\_\_\_ Gender \_\_\_\_\_  
First Middle Last

Nickname/Name Child Prefers to be called \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent's Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell Phone(*to also use with Text Messaging*) \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent's Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell Phone(*to also use with Text Messaging*) \_\_\_\_\_

Are there any custody issues that could impact your child during Preschool hours? Yes No  
If *yes*, please explain: \_\_\_\_\_

Other Person(s) to whom Child is allowed to be released (*in addition to Parents/Guardians*):

<u>Name</u>	<u>Address</u>	<u>Phone number</u>
_____	_____	_____
_____	_____	_____

In case of emergency, name two *local* people who may be contacted if we are unable to reach Parents/Guardians:

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician/Medical Care Provider \_\_\_\_\_

Phone \_\_\_\_\_ Physician's Address \_\_\_\_\_

Health Insurance Coverage for Child or Medical Assistance Benefits \_\_\_\_\_

Policy Number \_\_\_\_\_

Allergies (*food, environmental, or medication reaction*) \_\_\_\_\_

Medications \_\_\_\_\_

Physical, mental, or emotional limitations \_\_\_\_\_

Additional Information on special needs of child \_\_\_\_\_

## **Parent's Signature is required for each item below to indicate Parental Consent**

Obtaining Emergency Medical Care \_\_\_\_\_

Administration of Minor First Aid Procedures \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**