## **Grace Christian Preschool 2023-2024 Emergency Contact/Parental Consent Form**

Full Name of Child			Gender
First	Middle	Last	
Nickname/Name Child Prefers to be called		Date of Birth	1
Address	Town		Zip
Parent/Guardian's Name		Н	lome Phone
Parent's Address			
Place of Employment		W	/ork Phone
			lessaging)
Parent/Guardian's Name			ome Phone
Parent's Address			
Place of Employment		W	/ork Phone
E-Mail	Cell Phone(to al	so use with Text M	lessaging)
Are there any custody issues that could im If yes, please explain:			No
Other Person(s) to whom Child is allowed to Name	to be released ( <u>in addition to Parents/</u> Address	<u>Guardians</u> ):	Phone number
In case of emergency, name two local peol	•		ents/Guardians:
2		Phone	
Family Physician/Medical Care Provider			
Phone	Physician's Address		
Health Insurance Coverage for Child or Me	dical Assistance Benefits		
Policy Number			
Allergies (food, environmental, or medicati	on reaction)		
Medications			
Physical, mental, or emotional limitations _			
Additional Information on special needs of	child		
<u>Parent's Signa</u>	ture is required for each item be	ow to indicate P	Parental Consent
Obtaining Emergency Medical Care			
Administration of Minor First Aid Procedure	es		
Signature of Parent or Guardian			Date