Non-Medical Emergency Contacts List

Name of Child _____

Address of Child: _____

Parents names _____

Address of Parents:_____

Home phone _____   Cell phone: _____   Email: _____

          Father's work # _____   Place of employment _____
Address of Father's employment _____
          Mother's work # _____   Place of employment _____
Address of Mother's work _____
Other phones to be included (pager, etc.) _____

When neither parent can be located by phone, contact: (*please include at least one out-of-area or out of state contact, if available*)

Name _____ Relationship _____ Phone _____

Address_____ Email: _____

Name _____ Relationship _____ Phone _____

Address_____ Email: _____

Name _____ Relationship _____ Phone _____

Address_____ Email: _____

Describe any allergies (food, medication, etc.), chronic illnesses, current medications, or other medical information that would be helpful in an off-site emergency. Should the program have to evacuate, what information should the teachers have in order to keep your child healthy and secure?

_____

_____

In the event that an emergency concerning my child should arise while he/she is participating in the First Presbyterian Church Preschool Program and I am unable to be contacted, I hereby give permission to the staff of the program to administer any medications or treatments that I have included in the section above.

Parent or guardian signature _____

Date: _____