



## Non-Medical Emergency Contacts List

Name of Child \_\_\_\_\_  
Address of Child: \_\_\_\_\_  
Parents' Names \_\_\_\_\_  
Address of Parents: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Father's work # \_\_\_\_\_ Place of employment \_\_\_\_\_  
Address of Father's employment \_\_\_\_\_  
Mother's work # \_\_\_\_\_ Place of employment \_\_\_\_\_  
Address of Mother's work \_\_\_\_\_

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 Ministry 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: \_\_\_\_\_