

2010 Magnolia Co-operative Preschool Summer School Emergency Form

Child's Name: _____ Age: _____ Birthdate: _____

Child's Address: _____

Parent Name: _____

Parent Address: _____

Parent Phone: Day: _____ Night: _____ Cell: _____

Parent Name: _____

Parent Address: _____

Parent Phone: Day: _____ Night: _____ Cell: _____

Person to be called in an emergency if parent can not be reached:

Name: _____ Relationship to Child: _____

Phone: Day: _____ Night: _____ Cell: _____

Physician Name: _____ Phone: _____

In an emergency, if a physician or parent can not be reached, what action should be taken? _____

Does your child have any allergies?

Does your child have any special physical conditions?

Signature and Date _____