

**HOPE PDO & PRESCHOOL STUDENT
EMERGENCY CARD**

Child's Name _____

Name Called _____ Birth Date _____

Home Phone _____ Cell Phone _____

Home Address _____ City _____ Zip _____

E-mail Address _____

Mom _____ HPhone _____ WkPhone _____

Wk Name & Address _____ WkCell _____

Dad _____ HPhone _____ WkPhone _____

Wk Name & Address _____ WkCell _____

If neither parent can be reached in an emergency, who can assume responsibility?

Name _____ Address _____ Cell _____

Name _____ Address _____ Cell _____

Child's Doctor _____ Address _____ Phone _____

Child's Dentist _____ Address _____ Phone _____

Hospital Preference _____ Phone _____

Name of church you attend _____

EXPLAIN/LIST any allergies or other medical concerns regarding your child: _____

LIST Name, Phone & Cell for those (other than self & spouse)you authorize to pick up your child from Hope PDO/Preschool

_____ Address _____ Cell _____

_____ Address _____ Cell _____

_____ Address _____ Cell _____

_____ Address _____ Cell _____

_____ Address _____ Cell _____

NAME anyone who may NOT pick up your child: _____

Is there a legal restraining order? Yes _____ No _____

Emergency help may be sought for my child if I cannot be reached.

Signed _____ Date _____