

First Friends Children's Center Emergency Form

Child's Name:

Nickname:

Age:

Birthdate:

Home Phone:

Address:

Email:

Mother's Name:

Work/cell phone:

Father's Name:

Work/cell phone:

Brothers:

Sisters:

Known allergies:

Significant illnesses, accidents or operations:

Child's health care provider (name, phone):

Medications:

Special interests of child:

Fears:

Special personality or behavioral traits of child:

Names and phone numbers of additional person authorized to pick up child:

I hereby freely and voluntarily authorize Vicki Blacken and assisting adults of First Friends Children's Center, to request and obtain emergency medical care, at my expense, for my child _____ from such medical care provider as is immediately available in any situation which preschool staff or assistants determine is necessary.

Date:

Parent's/Guardian's signature: