

# Emergency Contact Information

Please fill out the form below and if your information should change during the school year please contact us and let us know your new numbers.

In the case of an emergency, we will start at the top of the list and call the numbers in the order that they are listed on this sheet until we reach someone in person.

Emma Dugger, Director

Child's Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Two other people who can be contacted in the case of an emergency:

1. \_\_\_\_\_ Home Phone \_\_\_\_\_  
Relationship to child (ex. – aunt) \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

2. \_\_\_\_\_ Home Phone \_\_\_\_\_  
Relationship to child (ex – aunt) \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

## Pick Up List

Please list anyone that will be picking up your child and their relationship with them. We will release your child to only these people unless otherwise informed by you.

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_

Continue on back

**Emergency Medical Release:**

Name of child's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_, gives my permission for the Eighth Street Preschool  
personal to call the named Physician, relatives, or friends, to accompany my child to Goshen  
General Hospital in case of acute emergency if we parents cannot be reached.

Mother \_\_\_\_\_ Father \_\_\_\_\_  
(Signatures of parents or guardians)

**\*\*\*ALLERGIES:** \_\_\_\_\_

Home address:  
\_\_\_\_\_

NOT ALLOWED TO PICK UP: \_\_\_\_\_  
(Please talk to Emma if you have anyone listed)