



PRESCHOOL EMERGENCY INFORMATION CARD

Child's Name _____

Parent's Name _____

Address _____

Home Phone _____ Age: _____ Eye Color _____ Hair Color _____

Allergies _____

Disabilities _____

IN CASE OF EMERGENCY CALL:

1. _____
Name Relationship Home Phone Work Phone

2. _____
Name Relationship Home Phone Work Phone

3. _____
Name Relationship Home Phone Work Phone

PICK-UP LIST:

1. _____
Name Relationship Home Phone Work Phone

2. _____
Name Relationship Home Phone Work Phone

3. _____
Name Relationship Home Phone Work Phone