

## VPC Preschool Emergency Contact and Medical Information 2017-2018

Male \_\_\_\_\_  
Female \_\_\_\_\_

Child's Name (Last, First/Preferred Name) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mother's Name (Last, First) \_\_\_\_\_

Father's Name (Last, First) \_\_\_\_\_

( ) \_\_\_\_\_  
Home Phone                      Work or Cell Phone

( ) \_\_\_\_\_  
Home Phone                      Work or Cell Phone

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

### **Alternative Emergency Contacts – If Parents Cannot be Reached**

Primary Emergency Contact (Last, First) \_\_\_\_\_

Secondary Emergency Contact (Last, First) \_\_\_\_\_

( ) \_\_\_\_\_  
Home Phone                      Work / Cell Phone

( ) \_\_\_\_\_  
Home Phone                      Work / Cell Phone

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

### **Persons Authorized to Pick Up your Child on a Continuing Basis**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Please list anyone you do not want to pick up your child:

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

### **Medical and Educational Information**

**Allergies/ Special Health Considerations:**

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Does your child receive special education services? Yes/No    If yes, date of the IEP : \_\_\_\_\_  
Please provide preschool with a copy of the IEP so we may best support your child.

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

