

VPC Preschool Emergency Contact and Medical Information 2020-2021

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

Name

Phone

Relationship to Child

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

Name

Relationship to Child

Medical Information

Allergies / Health conditions that may affect your child at school:

Parent Signature

Date