

**VPC Preschool Emergency Contact and Medical Information 2021-2022**

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

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

Date of Birth

Mother's Name (Last, First)

Father's Name (Last, First)

Cell Phone

Work/Home Phone

Cell Phone

Work/Home 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)

Cell Phone

Work / Home Phone

Cell Phone

Work / Home 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