

VPC Preschool Emergency Contact and Medical Information 2022-2023

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

Emergency Contacts (Two Contacts Other Than Parents)

Primary Emergency Contact (Last, First)

Secondary Emergency Contact (Last, First)

Cell Phone

Relationship to Child

Cell Phone

Relationship to Child

This person is also authorized to pick up my child

This person is also authorized to pick up my child

OTHER Persons Authorized to Pick Up your Child on a Continuing Basis

Name

Relationship to Child

Phone

Name

Relationship to Child

Phone

Name

Relationship to Child

Phone

Name

Relationship to Child

Phone

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

Name

Relationship to Child

Medical Information

Health conditions that may affect your child at school, including food or other allergies:

Parent Signature

Date