



Please give any information concerning your child which will be helpful in his/her experience in a group setting (play, eating habits, sleeping habits, special fears, likes and dislikes, activities outside home, etc.):

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**Emergency Information:**

Name of child's Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**Emergency Names to contact if parents cannot be reached:**

1<sup>st</sup> Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
2<sup>nd</sup> Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
3<sup>rd</sup> Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Consent:**

I agree that the Director may authorize the physician of her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

\_\_\_\_\_  
(Signature of Parent) (Date)

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child: \_\_\_\_\_.  
However, if I cannot be reached, I hereby authorize Bethlehem Church Preschool to transport my child or have child transported by responding emergency unit (at parent's expense) to the \_\_\_\_\_ hospital (or medical facility) and to secure for my child the necessary medical treatment.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_