

Emergency Contact Information
The Preschool at Calvary

Child's Name: _____ **Birthdate:** _____

The Preschool at Calvary staff will make every effort to notify a parent/guardian if a child becomes ill or needs medical attention. In the event that we cannot reach the parents, please list two other people to be contacted. Please also include information of your child's physician and other applicable information, which may be used in the event of an emergency.

Name: _____ Relationship: _____
Address: _____ Telephone: _____

Name: _____ Relationship: _____
Address: _____ Telephone: _____

Child's Physician: _____ **Child's Dentist:** _____
Address: _____ Address: _____
Telephone: _____ Telephone: _____

Allergies or medical concerns: _____

Hospital Preference: _____
Address: _____
Telephone: _____

Medical Insurance Company: _____
Group Number: _____ Insurance Policy Number: _____

Knowing that the **Preschool at Calvary** staff will take utmost care of my child's safety, I understand that accidents do occur and that in such situations immediate steps must be taken to secure my child's health, including first aid and CPR by a qualified staff member. I hereby authorize the staff of **Calvary Bible Fellowship Church** to seek medical attention for my child should an emergency arise, provided that I will be contacted as soon as possible. Failure to reach me shall not prevent an application of immediate, necessary medical treatment, not excluding injection, anesthesia, or surgery. I further agree that **Calvary Bible Fellowship Church** shall be held harmless in the event of accident or injury, and, in that regard, I understand and agree **Calvary Bible Fellowship Church** disclaims any and all liability in the unlikely event of injuries sustained in connection with this event.

Signature _____ Phone: _____ Date: _____
(Mother or Guardian)

Signature _____ Phone: _____ Date: _____
(Father or Guardian)