



### Child Emergency Information and Enrollment/Background Information

Child's full name \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's preferred or nickname \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Parent name #1) \_\_\_\_\_ #2) \_\_\_\_\_

Employment #1) \_\_\_\_\_ #2) \_\_\_\_\_

Work phone #1) \_\_\_\_\_ #2) \_\_\_\_\_

Cell phone #1) \_\_\_\_\_ #2) \_\_\_\_\_

E-mail #1) \_\_\_\_\_ #2) \_\_\_\_\_

Child's doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Child's dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Address \_\_\_\_\_

Health insurance company \_\_\_\_\_

Policy # \_\_\_\_\_

Please indicate which church your family is affiliated with \_\_\_\_\_

In the event that parents cannot be reached, please contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
1) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
2) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
3) \_\_\_\_\_

List the name and phone# of all people authorized to pick up your child and their relationship to your child:

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List any people NOT authorized to pick up your child:

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(If anyone is listed as a biological parent and a no contact order is in place, we will need a copy of those court papers.)

**Photo Permission**

- ☐ Yes  
☐ No

Please check the box next to the ointments that we have permission to apply to your child

- ☐ Triple antibiotic cream  
☐ Sunscreen  
☐ Unscented hand lotion  
☐ Hand sanitizer

Any known allergies? (if yes, what action is necessary to alleviate reactions?)

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**Asthma?**

- ☐ Yes (If yes please indicate what we can do to alleviate the symptoms) \_\_\_\_\_  
☐ No

I, \_\_\_\_\_ Parent/Guardian of \_\_\_\_\_

do hereby give permission and/or consent to Calvary Preschool to secure and authorize such emergency medical care and/or treatment as the above-named child might require while under the supervision of said preschool. I further authorize staff of said preschool to administer emergency care/treatment as required until medical assistance is available. I hereby give consent for medical/surgical treatment to Dr. \_\_\_\_\_ or his/her designee and \_\_\_\_\_ hospital to provide this care. I also agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for said child as secured or authorized under this consent.

This consent will be in effect for one year from the date of your signature.

Parent signature

Date