

**KNOLLWOOD PRESCHOOL  
EMERGENCY INFORMATION**

CHILD'S NAME \_\_\_\_\_ phone \_\_\_\_\_

ADDRESS \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

**PERSON OTHER THAN PARENTS WHO MAY BE CONTACTED IN EMERGENCY. (It is imperative that this person is aware that their name appears on this form and that they are both willing and able to pick up the child in case of illness or emergency)**

\_\_\_\_\_ name \_\_\_\_\_ phone \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ phone \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ Policy # \_\_\_\_\_

**IS YOUR CHILD ON ANY MEDICATION? IF SO, PLEASE SPECIFY.**

\_\_\_\_\_

**If your child is regularly in the care of a person other than yourself either before or after school, please provide the following information.**

Name of childcare provider \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

**Will this person be transporting your child to and from school on a regular basis? \_\_\_\_\_ Hours of normal care \_\_\_\_\_**

**Knollwood Preschool agrees to notify the parent/guardian whenever the above named child becomes ill. The parent/guardian agrees to pick up the child as soon as possible thereafter.**

**The parent/guardian authorizes Knollwood Preschool to call the physician listed and, if unable to contact said physician, to make such arrangements and use such facilities as are necessary to meet the emergency. The parent/guardian agrees to pay all bills thus incurred and absolves Knollwood Preschool of any responsibility.**

SIGNED \_\_\_\_\_  
Parent/Guardian