

**Emergency Information**

Child's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Mother's Work Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Father's Work Number: \_\_\_\_\_

**Two Emergency contact names and phone numbers if parents cannot be reached:**

1. \_\_\_\_\_

2. \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

**Emergency Medical Authorization**

In case of a medical emergency involving my child, \_\_\_\_\_, I give permission for Stepaway Preschool to give first aid, and/or transport my child by E.M.S to Bridgeport hospital or another emergency medical treatment facility. It is understood that the school will first attempt to contact parents. I understand that we, the parents of \_\_\_\_\_, are responsible for any costs involved in transporting and/or treatment of our child.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_