

**SUMMIT COUNTY PRESCHOOL PROGRAM  
SUMMIT COUNTY EDUCATIONAL SERVICE CENTER  
2011-2012 SCHOOL YEAR  
EMERGENCY INFORMATION FORM**

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

Date of Birth: \_\_\_\_\_ Birth City: \_\_\_\_\_

Child's Social Security No. \_\_\_\_\_ School District: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone Numbers: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name & Phone Number of Child's Babysitter or Community Preschool/Day Care (if child goes there before or after school): \_\_\_\_\_  
\_\_\_\_\_

Names & Phone numbers of **two** people to be contacted and authorized to pick child up in the event of an emergency and parent cannot be reached: 1. \_\_\_\_\_

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

Who will transport your child to and from school: \_\_\_\_\_

Name & Phone Number of Bus Driver: \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to be transported from \_\_\_\_\_  
(name) (location)

to \_\_\_\_\_ and then from \_\_\_\_\_ to \_\_\_\_\_  
(location) (location) (location)

*Please list any medications, allergies, or medical needs and treatment of your child (note: If we will be administering medication, please call us for a "Student Medication Authorization" form. We need your physician's permission to administer medication):* \_\_\_\_\_  
\_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

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

Name of Dentist: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

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

Any comments or other information concerning your child: \_\_\_\_\_  
\_\_\_\_\_

*I agree that the above information is complete and that I will notify the preschool of any changes in emergency or transportation information.*

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