

**EMERGENCY CONTACT INFORMATION
ST. THOMAS BECKET PRESCHOOL**

Child's Full Name _____ Birth Date _____

Address _____ Home Phone _____

_____ Cell Phone _____

Doctor _____ Telephone _____

Insurance _____ Policy # _____

Two alternates who will care for my child in case a parent can't be reached:

| | | |
|-------|---------|-----------|
| _____ | _____ | _____ |
| Name | Address | Telephone |

| | | |
|-------|---------|-----------|
| _____ | _____ | _____ |
| Name | Address | Telephone |

| | |
|---------------------------|-----------------------------------------------------|
| _____ | _____ |
| Parent/Guardian Signature | Best Number/s to be contacted during the day |

Parent/Guardian Signature

EMERGENCY CARE INFORMATION

In case of a medical emergency, our procedure will be to contact the parents at home or work. When this is not possible, our procedure will be:

1. A designated neighbor or relative may be asked to care for your child until you can be reached.

2. Depending on the medical emergency, a police vehicle or ambulance may be called to transfer your child to a hospital emergency service.

Choice of hospital _____

Parent/Guardian Signature _____ Date _____

Please complete. This keeps our records up to date and allows us to provide the proper emergency care according to your wishes.

