

Salem Community Nursery School Emergency Contact Card

Child's Name: _____ Birthday: _____

Address: _____

Home phone: _____ E-mail: _____

Mother's Name: _____ Cell phone: _____

Employer: _____ Work phone: _____

Father's Name: _____ Cell phone: _____

Employer: _____ Work phone: _____

1st Emergency contact: _____

Home phone: _____ Cell phone: _____

2nd Emergency contact: _____

Home phone: _____ Cell phone: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital preference: _____

Insurance Company name: _____

Insurance policy number: _____

Allergies: _____

In case of an emergency, if parent(s) or guardians cannot be reached, may we have your consent to take your child to a local hospital for emergency treatment?

Please initial: _____ Yes _____ No

Permission to Pick Up:

To assure your child's safety, we request a list of all persons who have permission to pick up your child from our nursery school. In addition, we request that you send a note or notify the teacher and/or director verbally on a day that someone else will be picking up your child.

Please list all persons who have your permission to pick up your child from Salem Community Nursery School.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent's Signature

Date