

# St. John's Preschool

## 2018-2019 Emergency Form

stjohnspreschoolnaperville.org

750 Aurora Avenue Naperville, IL 60540

630-355-1669

**Please fill out completely.**

**Child's Name** \_\_\_\_\_

Address \_\_\_\_\_

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

Does your child have any medical problems or restrictions? \_\_\_\_\_

Has your child ever been stung by a bee before? Y N

Allergies: Food: \_\_\_\_\_ Epi-pen: Y N

Other: \_\_\_\_\_ Epi-pen: Y N

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

### Mother/Guardian

Name \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

### Father/Guardian

Name \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

### Emergency Contacts If Parents Are Unavailable

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Please sign one of the following:

Consent is given to the staff of St. John's Preschool for emergency care and/or first aid in the event that I or my physician cannot be reached. \_\_\_\_\_ Date \_\_\_\_\_

Because of alternative beliefs, I do not give St. John's Preschool consent for emergency care and/or first aid for my child if I cannot be reached. \_\_\_\_\_ Date \_\_\_\_\_