

Ascension Preschool

Emergency Information Sheet

Child's Name: _____

Birthdate: _____ **Gender:** _____

Parent/Guardian Name: _____ **Cell Phone:** _____

Home Address: _____
(street address) (city) (state) (zip code)

Place of Employment: _____ **Work Phone:** _____

E-mail address: _____

Parent/Guardian Name: _____ **Cell Phone:** _____

Home Address: _____
(street address) (city) (state) (zip code)

Place of Employment: _____ **Work Phone:** _____

E-mail address: _____

Pediatrician: _____ **Office Phone:** _____

Preferred Hospital (Norton Children's 4100 Dupont Circle (502) 893-1000) will be first preference unless alternate listed):

Allergies (food or drug): _____

Special Medical Concerns: _____

Individuals below have permission to make medical decisions on your behalf & are authorized to pick up if the above-named child becomes ill or injured at school and parents cannot be reached:

Name: _____ **Contact Phone:** _____

Name: _____ **Contact Phone:** _____

Additional people authorized to pick up your child:

Name: _____ **Daytime Phone:** _____

Name: _____ **Daytime Phone:** _____

In case of a medical need involving my child, I request the staff of Ascension to contact us at the numbers provided. If we cannot be reached, I authorized the Ascension staff to obtain emergency medical care for my child.

Parent/Guardian Signature: _____ **Date:** _____