

## EMERGENCY INFORMATION PRESCHOOL

It is important that every line be filled in on this form. If something is not applicable, please write N/A on the line.

Student's Date of Birth: Gender:	Student's Full Name:	Student's Nicl	kname:	
Mother's Name & Address:				
Mother's Place of Employment:	If child attends NBS and another School/Program,	list names of School/Program:		
Email: Cel Phone:	Mother's Name & Address:		Home Phone:	
Father's Place of Employment: Work Phone:	Mother's Place of Employment:		Work Phone:	
Father's Place of Employment:	Email:		Cel Phone:	
Email: Cel Phone:	Father's Name & Address:		Home Phone:	
Name, address, and telephone number of nearest relatives, neighbors, or friends to be contacted if parents cannot be reached:  Name:	Father's Place of Employment:		Work Phone:	
Address: City. State Zip:	Email:		Cel Phone:	
Address: City. State Zip:	Name, address, and telephone number of nea	arest relatives, neighbors, or frie	nds to be contacted if par	rents cannot be reached:
Name: Phone:	Name:	Phone:		
Address: City: State Zip: In the event of emergency, we request that you take our child to:  Doctor: Phone:	Address:	City:	State	Zip:
In the event of emergency, we request that you take our child to:    Doctor:	Name:	Phone:		
Dentist:	Address:	City:	State	Zip:
Preferred Hospital Emergency Room:  PLEASE NOTE Either NBS staff or rescue squad members may make the decision to take your child to a different emergency room.  Medical Insurance Carrier and Policy Information  Carrier:  Policy #:  Allergies your child has and actions to be taken should an allergic reaction occur:  Specific health problems and any actions to be taken:  Chronic physical problems and/or pertinent developmental information that would be helpful to know:  Please list names of any persons with whom your child may leave school. If someone will be picking up your child other than those listed, we need to have written authorization. (Some parents choose to put 'any NBS parent or teacher.' This is entirely at your discretion and is not meant as a recommendation.)  AUTHORIZATION  I authorize the North Branch staff to secure emergency care for my child if I cannot be reached.  Understand that the school will notify me if my child becomes ill, and that I will arrange to have my child picked up as soon as possible. In the event the North Branch staff cannot reach either parent, the people listed on this form may be contacted to pick up my child.  I augree to notify the school will notify me if my child becomes ill, and that I will arrange to have my child picked up as soon as possible. In the event the North Branch staff cannot reach either parent, the people listed on this form may be contacted to pick up my child.  I agree to notify the school will notify a me if my child becomes ill, and that I will arrange to have my child only my child.  I agree to notify the school will notify one if my child becomes ill, and that I will arrange to have my child picked up as soon as possible. In the event the North Branch staff cannot reach either parent, the people listed on this form may be contacted to pick up my child.  Date:  Date:	In the event of emergency, we request that $y$	you take our child to:		
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Carrier:	Preferred Hospital Emergency Room:	s may make the decision to take your child to	a different emergency room.	
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