

EMERGENCY INFORMATION

Please print clearly

STUDENT INFORMATION:

Name: _____ Class Year: _____
Last First Middle

Address: _____
Street City St Zip

Parent/Guardian: _____
Relationship if other than parent

Home Phone #: _____ E-mail Address: _____ Birth date: _____

Primary language spoken at home _____

FATHER INFORMATION

Name: _____ Street Address: _____

City, ST, Zip _____ Home Phone : _____ Cell Phone: _____

Business Phone: _____ Ext. _____ E-mail Address: _____

Employer: _____ Address: _____

MOTHER INFORMATION

Name: _____ Street Address: _____

City, ST, Zip _____ Home Phone : _____ Cell Phone: _____

Business Phone: _____ Ext. _____ E-mail Address: _____

Employer: _____ Address: _____

FAMILY INFORMATION

Parents are: living together: _____ separated _____ divorced _____ Legal contact allowed: ___yes ___no

IMMEDIATE MEDICAL ATTENTIONN INFORMATION:

Signature Required

If an injury occurs which is judged to require immediate medical attention and the contact person listed on the reverse side cannot be reached, Milford Preschool, LLC has my permission to have my child transported to a medical facility for treatment.

Preferred Hospital: _____ Phone: _____

Preferred Physician: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Signature of Parent/Guardian: _____ Date: _____

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EMERGENCY CONTACT INFORMATION

Provide the names of those who can be contacted in an emergency if parents cannot be reached. Please consider this carefully as the student will be released to parents, guardians or those whose names appear below.

Name #1: _____ Daytime Phone: _____

Relationship to Student: _____ Cell Phone: _____

Name #2: _____ Daytime Phone: _____

Relationship to Student: _____ Cell Phone: _____

Name #3: _____ Daytime Phone: _____

Relationship to Student: _____ Cell Phone: _____

MEDICAL ALERT INFORMATION

Please indicate any medical problems of which the school or medical care provider should be aware:

ADDITIONAL INFORMATION OR COMMENTS:
