



Emergency Information Form

2013 – 2014 School Year

The Garden Preschool | 425.522.3092 | www.thegardenpreschool.net

Please fill out completely and return form to: 112 211th PL SW Bothell, WA 98021

Name of Child: _____ School Year: _____

Full name of Mother: _____ Home Phone: _____

Mother's address: _____ Cell Phone: _____

Place of work: _____ Work Phone: _____

Full name of Father: _____ Home Phone: _____

Father's address: _____ Cell Phone: _____

Place of work: _____ Work Phone: _____

Person(s) to contact in case of emergency/Authorized to pick up child:

1. Name: _____ 2. Name: _____

Relationship to child: _____ Relationship to child: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Other Person(s) authorized to pick up child: (Optional)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Names of other children in family:

Name: _____ Birthdate: ___/___/___

Name: _____ Birthdate: ___/___/___

Name: _____ Birthdate: ___/___/___

Health Care Provider Information:

Child's Birthdate: ___/___/___ Sex: M__ F__ Insurance Provider: _____ ID#: _____

****Please provide a copy of the insurance card with this form**

Child's Doctor: _____ Phone: _____

Preferred Hospital: _____

Emergency Release Consent:

Consent to Emergency First Aid & Transportation:

I hereby give permission that my child, _____, may be given emergency treatment by a staff member at The Garden Preschool. I also give permission for my child to be transported by car, ambulance, or aid car to an emergency center for treatment, and agree to hold The Garden Preschool and its employees harmless.

Parent's Signature _____ Date: _____

Consent to Medical Care and Treatment:

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold The Garden Preschool and its employees harmless.

Parent's Signature _____ Date: _____

