

Hawthorne Lane Preschool

Emergency Care Information

Today's date _____ Teacher/class _____

Child's name _____
(last) (first) (middle)

Phone # (____) _____ Birthdate _____

Address _____

Mother's name _____

Employer _____

Business # _____ Cell # _____

Father's name _____

Employer _____

Business # _____ Cell # _____

Medical Insurance Co. _____

Group # _____ Policy # _____

In case of an emergency, if neither mother nor father can be contacted call:

Name _____

Phone # (____) _____ Relationship _____

Please list any **ALLERGIES** (including reactions) or special **health problems** that your child may have: (if none, please write "NONE")
