

**Meadow Park Preschool and Child Care Center - Child Emergency Contact Information**

<b>CHILD'S NAME</b>	<b>DATE OF BIRTH</b> / /
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**Parent/Guardian Contact Information**

<b>NAME PARENT/GUARDIAN 1</b>		<b>RELATIONSHIP TO CHILD</b>	
HOME ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	WORK PHONE NUMBER		
PRIMARY EMAIL	SECONDARY EMAIL		
WORK ADDRESS	CITY	STATE	ZIP CODE
<b>NAME PARENT/GUARDIAN 2</b>		<b>RELATIONSHIP TO CHILD</b>	
HOME ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	WORK PHONE NUMBER		
PRIMARY EMAIL	SECONDARY EMAIL		
WORK ADDRESS	CITY	STATE	ZIP CODE

**PLEASE LIST FOUR CONTACTS BELOW** ↓ We need two LOCAL "Emergency Contacts" who can assume temporary responsibility for your child if an emergency occurs and you cannot be reached. We also need two additional non-emergency "Non-Parent Contacts" who can pick up your child should the need arise. By listing the **FOUR** individuals below, you are authorizing these **FOUR** individuals to be able to pick up your child.

<b>NAME OF LOCAL EMERGENCY CONTACT 1</b>		<b>RELATIONSHIP TO CHILD</b>	
HOME ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	WORK PHONE NUMBER		
PRIMARY EMAIL	SECONDARY EMAIL		
WORK ADDRESS	CITY	STATE	ZIP CODE

<b>NAME OF LOCAL EMERGENCY CONTACT 2</b>		<b>RELATIONSHIP TO CHILD</b>	
HOME ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	WORK PHONE NUMBER		
PRIMARY EMAIL	SECONDARY EMAIL		
WORK ADDRESS	CITY	STATE	ZIP CODE

<b>NAME OF NON-PARENT AUTHORIZED TO PICK UP CHILD 1</b>		RELATIONSHIP TO CHILD	
HOME ADDRESS	CITY	STATE	ZIP CODE
CELL PHONE NUMBER	WORK PHONE NUMBER		
PRIMARY EMAIL	SECONDARY EMAIL		
WORK ADDRESS	CITY	STATE	ZIP CODE
<b>NAME OF NON-PARENT AUTHORIZED TO PICK UP CHILD 2</b>		RELATIONSHIP TO CHILD	
HOME ADDRESS	CITY	HOME ADDRESS	CITY
CELL PHONE NUMBER	WORK PHONE NUMBER		
PRIMARY EMAIL	SECONDARY EMAIL		
WORK ADDRESS	CITY	WORK ADDRESS	CITY
<b>NAME OF CHILD'S MEDICAL PROVIDER/DOCTOR</b>		NAME OF CLINIC	
MEDICAL PROVIDER'S ADDRESS	CITY	STATE	ZIP CODE
MEDICAL PROVIDER'S PHONE NUMBER	ALTERNATIVE PHONE NUMBER OF PROVIDER		
<b>NAME OF CHILD'S MEDICAL PROVIDER/DENTIST</b>		NAME OF CLINIC	
DENTAL PROVIDER'S ADDRESS	CITY	STATE	ZIP CODE
DENTAL PROVIDER'S PHONE NUMBER	ALTERNATIVE PHONE NUMBER OF DENTIST		
PLEASE LIST ANY ALLERGIES YOUR CHILD HAS:	PLEASE LIST ANY REGULAR MEDICATION YOUR CHILD TAKES:		

Waiver of Liability I, \_\_\_\_\_ (parent/guardian) of \_\_\_\_\_ (child)

do hereby give my consent to the personnel of Meadow Park Preschool and Child Care Center, 971 16<sup>th</sup> St SE, Rochester, MN, to secure and authorize emergency medical care costs and /or treatment as my child might require while under the supervision of said Preschool personnel. I agree to pay all costs and fees contingent on any medical treatment for my child as secured or authorized under this consent.

Parent-Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent-Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_