

 **Kailua Methodist Preschool Emergency Information Card**

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Parent's Names \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mom Cell \_\_\_\_\_ Dad Cell \_\_\_\_\_

Mom Work # \_\_\_\_\_ Dad Work # \_\_\_\_\_

Two people who may pick up this child in case the parents cannot be reached:

1. Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Known Allergies: \_\_\_\_\_ DR. \_\_\_\_\_ # \_\_\_\_\_

The following people may pick up my child from Kailua Methodist Preschool:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Parent's Names \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mom Cell \_\_\_\_\_ Dad Cell \_\_\_\_\_

Mom Work # \_\_\_\_\_ Dad Work # \_\_\_\_\_

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1. Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Known Allergies: \_\_\_\_\_ DR. \_\_\_\_\_ # \_\_\_\_\_

The following people may pick up my child from Kailua Methodist Preschool:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_