

FUMC PRESCHOOL IDENTIFICATION & EMERGENCY INFORMATION:

Student's Information

Student's Name: _____

Last First Middle Preferred

Date of Birth: _____ Gender: M F Primary Phone: _____ Secondary Phone: _____

Address: _____

Street City State Zip

Known Allergies: _____

Does child require EMERGENCY medication (such as inhaler or Epipen)? Yes No

If yes, please list (note: Only EMERGENCY medication can be kept at school and will be located in the office first aid cabinet)

Emergency Contact Information

Mother: _____ wk: _____ cell: _____

Email: _____

Father: _____ wk: _____ cell: _____

Email: _____

Medical Contacts

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Emergency Contacts (Emergency Contacts other than Parents)

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Pickup Information (People Authorized to pickup children from school)

Name: _____ Phone: _____ Relation: _____

Notes: _____

Name: _____ Phone: _____ Relation: _____

Notes: _____

Name: _____ Phone: _____ Relation: _____

Notes: _____

Name: _____ Phone: _____ Relation: _____

Notes: _____

