

Sunbeam Christian Preschool
Student Information and Emergency Care Permission Form

Student Information:

Child's Name _____

Date of Birth _____ Gender _____

Address _____

Password should someone else be picking up from school: _____

Emergency Contacts Information (Please note, the contacts will be notified **in the order** in which you list them below. Please list ALL contacts you want to be notified, parents included if applicable.)

1. _____
(last name) (first name) (relationship to child)

Phone Number (*Primary) _____ Phone Number (Alternate) _____
* Sunbeam will use this number as first contact number

2. _____
(last name) (first name) (relationship to child)

Phone Number (*Primary) _____ Phone Number (Alternate) _____
* Sunbeam will use this number as first contact number

3. _____
(last name) (first name) (relationship to child)

Phone Number (*Primary) _____ Phone Number (Alternate) _____
* Sunbeam will use this number as first contact number

4. _____
(last name) (first name) (relationship to child)

Phone Number (*Primary) _____ Phone Number (Alternate) _____
* Sunbeam will use this number as first contact number

Release from School Contacts

In addition to those listed above, please list any additional friends or family who may pick up child from school (if possible, please call school/ write a note to let director know ahead of time that someone else will be picking up child from school even if the alternate is listed on this form.)

5. _____
(last name) (first name) (relationship to child)

Phone Number (*Primary) _____ Phone Number (Alternate) _____

* Sunbeam will use this number as first contact number

6. _____
(last name) (first name) (relationship to child)

Phone Number (*Primary) _____ Phone Number (Alternate) _____

* Sunbeam will use this number as first contact number

7. _____
(last name) (first name) (relationship to child)

Phone Number (*Primary) _____ Phone Number (Alternate) _____

* Sunbeam will use this number as first contact number

Emergency Closing Procedure

Please keep in mind that school may close early due to snow or another emergency. We will contact parents and then, if parents are unavailable, we will use the emergency contacts you have listed below. We will make every reasonable attempt to contact emergency contacts of an early closing. Closings will also be posted on our website and facebook page. For more information, please contact the director. Please review with your child the emergency closing procedure as well as the people who are listed on this form for emergency pick-up.

I have spoken to my child concerning emergency pick-up, and he/she knows the procedure in place for release.

Initial _____ Date _____

Child Information and Emergency Care Permission

Please list any health problems, medical needs, behavior difficulties:

Please list any allergies (food or non) that your child has:

Please list any medications your child takes regularly:

My child, _____, is able to fully participate in all program activities.

Child's Physician name _____

Physician Phone _____

Physician Address _____

In extreme emergency, when an emergency contact cannot be reached, I prefer that my child is transported to _____ (list nearby hospital) for emergency care.

Health Plan _____ Group Id # _____

Subscriber Id # _____ Subscriber Name _____

In case of emergency, I authorize Sunbeam Christian Preschool to contact my named emergency contacts. If parent/guardian and emergency contacts cannot be reached, I authorize Sunbeam Christian Preschool to take emergency action for the safety of my child.

Signature of Parent/Guardian _____ Date _____