



PRESCHOOL EMERGENCY FORM

PLEASE FILL OUT A SEPARATE FORM FOR EACH CHILD!

Child's Name: _____ **Age:** _____

Date of Birth: _____

Parent / Legal Guardian 1: _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **E-mail Address*:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Parent / Legal Guardian 2: _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **E-mail Address*:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Emergency Contact #1: _____

Phone: _____ **Relationship:** _____

Emergency Contact #2: _____

Phone: _____ **Relationship:** _____

Doctor Name: _____

Phone: _____ **Health Insurance Provider:** _____

Dentist Name: _____

Phone: _____ Health Insurance Provider: _____

Pick-Up Authorization

The following people have my permission to pick up my child from Davis Studio:

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

Medical/Allergy Information

Please list any medical issues, illnesses, or allergies that might affect your child's participation in the program.

Behavioral/Learning Information

Please list any information regarding your child's learning style or behavior that may help us facilitate the best learning environment.

Release of Liability

I hereby represent that the minor is in good health, and that I have identified all medical conditions associated with the minor, and that I have adequately informed Davis Studio personnel of any special instructions regarding the minor. I certify that I have adequate insurance to cover any injury or damage the minor may suffer while participating, or else I agree to bear the costs of such injury or damage myself. I give the staff at Davis Studio permission to authorize emergency medical attention should it be required.

Parent/Guardian Signature: _____ **Date:** _____