

LINCOLN LEARNING CENTER PRESCHOOL - EMERGENCY INFORMATION FORM

Please Circle One: 3-Year Old 4/5-Year Old

CHILD (Full Name) _____ **SEX** M F

Birth Date _____ Home Phone _____

Address _____ City _____ Zip: _____

Mother's Name _____ **Guardian's Name (if other)** _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Occupation _____ Occupation _____

Father's Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Occupation _____

Do both Parents have Custody of the Child?

Circle One YES NO

If no, please indicate who has custody

Mother Father Guardian

***Individuals listed above with custody already have authorization to pick up and do not need to be listed on the reverse side.**

Please indicate below any allergies/dietary restrictions, medical concerns, medications or any other information you feel would benefit your child's teachers. Lack of detailed information compromises the staff's ability to successfully accommodate your child. The Downers Grove Park District is not responsible for any injuries, complications, damages or losses due to lack of information provided. Many resources and adaptations are available to assist your child.

Allergies/Dietary Restrictions (Please include reactions to allergies) _____

Medical concerns/Medications - (If your child requires medication, please ask for Permission to Dispense Medication Form)

Does your child have special needs or require one-on-one assistance? Circle One: YES NO

If yes, please give details _____

Signature required _____ **Date** _____

--- COMPLETE BOTH SIDES ---

EMERGENCY CONTACT AND RELEASE FORM

Parents/Guardians listed on the front with custody already have authorization to pick up the child. Please list below nearest relatives or friends, including parents without custody, to authorize them to pick-up your child. At least one contact must live within a 5 mile radius of Downers Grove. All individuals must present a picture I.D. in order for your child to be released into their custody. In custodial situations, the custodial parent must approve all additions and/or changes to the authorized individuals below.

IN CASE OF EMERGENCY AND I/WE CANNOT BE REACHED, NOTIFY AND RELEASE MY CHILD TO

NAME _____ RELATIONSHIP _____

HOME PHONE _____ ALTERNATE PHONE _____

NAME _____ RELATIONSHIP _____

HOME PHONE _____ ALTERNATE PHONE _____

NAME _____ RELATIONSHIP _____

HOME PHONE _____ ALTERNATE PHONE _____

NAME _____ RELATIONSHIP _____

HOME PHONE _____ ALTERNATE PHONE _____

NAME _____ RELATIONSHIP _____

HOME PHONE _____ ALTERNATE PHONE _____

If unable to contact a parent/guardian, and if necessary, we will call emergency medical services (911) and your child will be transported to the nearest hospital at the parent/guardian's expense.

Primary Physician _____ Physician Phone _____

Primary Hospital _____ Hospital Phone _____

In case of sickness or accident, I hereby give consent to the Downers Grove Park District to provide emergency care through clinic, hospital or doctor and emergency first aid at the Center if necessary.

Signature of Parent or Guardian _____ **Date** _____