

**LINCOLN LEARNING CENTER PRESCHOOL - EMERGENCY INFORMATION FORM**

Please Circle One:    **2.5 year Old**        **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.**

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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** \_\_\_\_\_

## 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** \_\_\_\_\_