

Preschool Emergency Contacts

Student Name _____ Teacher _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured under school authority, when parents or guardians cannot be reached.

Emergency Contact #1

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Emergency Contact #2

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____