

**ST. PAUL'S CHRISTIAN PRESCHOOL**  
 485 Woodstock St. Crystal Lake, IL 60014  
 (815) 479-9770

**EMERGENCY HEALTH and ACCIDENT FORM**

Child's Name \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_ Marital Status  Married  
 Divorced  
 Separated  
 Other

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Father's Bus. Phone \_\_\_\_\_ Mother's Bus. Phone \_\_\_\_\_

Cell Number \_\_\_\_\_ E-mail \_\_\_\_\_

I authorize only the following people to pick up my child when I am not available. Add your spouse if he/she is authorized to pick up your child.

<u>Name</u>	<u>Address</u>	<u>Phone</u>

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
 Relationship to child \_\_\_\_\_

Doctor's Name \_\_\_\_\_  
 Doctor's Address \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_  
 Restrictions for Play \_\_\_\_\_

Please designate two adults we can contact in case of an emergency if the parents cannot be reached.

Name Address Phone	Name Address Phone
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In the case of a medical emergency, I authorize St. Paul's Christian Preschool staff to call 911 and obtain the necessary medical attention for the emergency. Parents will be notified, and if they cannot be reached, the emergency contacts will be called. I/We will be responsible for the emergency medical charges upon receipt of the statement.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_