

**The Presbyterian Early Learning Center  
728 W. Fremont Ave.  
Sunnyvale, CA 94087 ~ 408-245-2253**

**2011-2012 Emergency Form**

**Please print**

Child's full name \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female Home Phone \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Mother's full name \_\_\_\_\_ Cell phone \_\_\_\_\_

Mother's employer \_\_\_\_\_ Work phone \_\_\_\_\_

Father's full name \_\_\_\_\_ Cell phone \_\_\_\_\_

Father's employer \_\_\_\_\_ Work phone \_\_\_\_\_

Physician to be called in emergency \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

If no physician, which hospital should be called? \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist to be called in emergency \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Allergies or medical limitations \_\_\_\_\_

Language Spoken at home \_\_\_\_\_ Does child speak English? \_\_\_\_\_

Siblings: Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Siblings: Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

I authorize the following people to pick my child up from school. These people are at least 18 years old. (Child will not be allowed to leave without written authorization from parent/guardian.)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

In case of an emergency it is understood that a conscious effort will be made to notify me, my child's other parent, or the person listed below:

Name \_\_\_\_\_ Phone \_\_\_\_\_

before any action is taken, but if this is not possible, the uninsured expense of any necessary service will be accepted by me.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_