

Marshallton UM Christian Preschool

Emergency Contact / Parental Consent Form

Please PRINT CLEARLY - All information Required

Child's Full Name	Birthdate
Address	Zip Code
Names of Siblings	Nickname?
Mother Name/Legal Guardian	School District
Address	Home #
Mother's Email	Cell #
Mother's Employer	Work #
Father's Name/Legal Guardian	School District
Address	Home #
Father's Email	Cell #
Father's Employer	Work #

EMERGENCY CONTACTS - LIST 2 PEOPLE TO WHOM YOUR CHILD MAY BE RELEASED - OTHER THAN PARENT		
NAME	PHONE #	RELATIONSHIP TO CHILD
1.		
2.		

NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER	TELEPHONE #
HEALTH INSURANCE COVERAGE	POLICY NUMBER
ALLERGIES	MEDICATION, SPECIAL CONDITIONS, TREATMENTS
DISABILITIES (IF ANY) SPECIAL NEEDS	MEDICAL or DIETARY INFORMATION NECESSARY IN EMERGENCY SITUATION

Please initial each box - Giving MUMS Permission for the following:

	Obtain Emergency Medical Care		Administration of Minor 1 st Aid
	Include Family Info in Email Directory		Photograph your child - to be posted on Facebook, Shutterfly, Web Site

Please initial each box to acknowledge

	Receipt / Review of Parent Handbook		No Peanuts/Tree Nuts permitted in building - please check all labels
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Parent/Guardian Signature _____ Date _____



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