ID Emergency Form

Pleasant Hill Preschool
15000 York Road
Charlotte, NC 28278
704-588-0014

Child's Name: _____
First Middle Last

Name to be called: _____

Address: _____
Street City State Zip

Home Phone: _____ Email address (please print) _____

Mother's Name:_____ Cell: _____

Father's Name: _____ Cell: _____

Persons to be called in case of emergency when parents cannot be reached (please include someone who will usually know your whereabouts):

Name: _____ Relationship to child: _____

Home Phone: _____ Cell: _____

Name: _____ Relationship to child: _____

Home Phone: _____ Cell: _____

Child's Doctor: _____ Practice: _____

Doctor's phone: _____ Hospital preference: _____

Health Insurance Company name: _____

Health Insurance Group # _____

Health Insurance Member ID#: _____

I give the staff of Pleasant Hill Preschool permission to seek medical assistance in case of an emergency and I cannot be located>

_____ Date: _____
Parent or Guardian Signature