St. Paul's Preschool Center
2026-2027
Emergency Contact/Medical Information and Child Pick Up Authorization

CHILD'S NAME: _____ DOB: _____

ADDRESS: _____

_____

PARENT OR LEGAL GUARDIAN - PLEASE INDICATE WHICH NUMBER TO CALL FIRST

NAME: _____

PHONE: _____ CELL: _____

HOME ADDRESS: _____ EMAIL: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ PHONE: _____

PARENT OR LEGAL GUARDIAN - PLEASE INDICATE WHICH NUMBER TO CALL FIRST

NAME: _____

PHONE: _____ CELL: _____

HOME ADDRESS: _____ EMAIL: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ PHONE: _____

I, _____, authorize St. Paul's Preschool to release my child(ren) to the person(s) designated. This is in agreement with the St. Paul's Preschool Emergency Plan and car pool arrangements. (*denotes emergency contact and only the person(s) designated with an * may act on my behalf).

Must have at least two. Complete information required.

NAME	ADDRESS	PHONE	RELATIONSHIP
*			

_____ _____

YOUR SIGNATURE **DATE** **RELATIONSHIP**

Please complete both sides

Child Emergency Medical Information

CHILD'S PRIMARY PHYSICIAN

NAME: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

CHILD'S HEALTH INSURANCE PLAN _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

SUBSCRIBER'S NAME AS IT APPEARS ON THE INSURANCE CARD _____

POLICY # _____ GROUP# _____

SPECIAL CONDITIONS, DISABILITIES, DIETARY, ALLERGY OR MEDICAL INFORMATION

_____

_____

_____

IS YOUR CHILD RECEIVING ANY SPECIAL SERVICES (EG. INTERMEDIATE UNIT)? _____ YES _____NO

IF YES, YOU MUST SUBMIT A COPY OF THE MOST RECENT IFSP OR IEP. PLEASE LIST THE SPECIALIST(S) WHO WORK WITH YOUR CHILD (OCCUPATIONAL, PHYSICAL, SPEECH,…)

_____

_____

☐ I GRANT MY CHILD PERMISSION TO GO ON CLASS WALKS AROUND THE NEIGHBORHOOD. WALKS WILL NOT INVOLVE CROSSING ANY STREETS.

☐ MY CHILD MAY NOT GO ON CLASS WALKS AROUND THE NEIGHBORHOOD. WALKS WILL NOT INVOLVE CROSSING ANY STREETS.

PARENT/LEGAL GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES

As a parent/legal guardian, I give my consent to have my child receive first aid by facility staff. I give my permission for St. Paul's to call 911 to obtain further emergency care and transportation if necessary. I authorize St. Paul's to release all medical or emergency information when necessary. I give consent for the emergency contact person(s) (denoted with *) listed above to act on my behalf until I am available. I understand that I will be responsible for all charges in both emergency and non-emergency situations. I agree to review and update the information whenever a change occurs and at least every 6 months.

SIGNATURE: _____ DATE: _____

EXTENDED HOURS: 6 MONTH UPDATE- _____
INITIAL & DATE:

UPDATED 6/18/2026