

KIDS' COMPANY & WACONIA WILDCAT PRESCHOOL

Community Education - 516 Industrial Blvd. - Waconia, MN 55387
Phone: 952-442-0610 / FAX: 952-442-0619 / www.waconiacommunityed.org

EMERGENCY INFORMATION FORM

Child's Name _____ Birthdate _____

Mother's Name _____

Primary Phone _____ Email Address _____

Father's Name _____

Primary Phone _____ Email Address _____

Home Address _____

In the event of an emergency requiring medical attention, staff will attempt to contact parents.

Mother's Employer _____ Phone # _____

Father's Employer _____ Phone # _____

If staff are unable to reach the parents, they will attempt to reach a neighbor or a relative who will assume responsibility for care of the child in an emergency.

Name #1 _____ Phone # _____

Address _____ Relationship _____

Name #2 _____ Phone # _____

Address _____ Relationship _____

Name of persons authorized to pick child up from school, including carpool arrangements.

Name _____ Phone # _____

Name _____ Phone # _____

Physician _____ Phone # _____

Dentist _____ Phone # _____

List any known allergies _____

Date of last tetanus shot (last DPT) _____

Other significant medical information _____

Name of Medical Insurance Carrier _____

It is understood that in some medical situations the staff will need to contact the local emergency resource before the parents, child's physician and/or other adult acting on the parents behalf.

In case of a medical emergency, I understand that my child will be transported to the nearest hospital by the local police/rescue squad if necessary. Transportation costs are not the responsibility of School District #110 Community Education.

I give my permission to Community Education to take whatever emergency (first aid, disaster evacuation) measures are deemed necessary for the care and protection of my child while under the supervision of the school/center. In case of injury, I will not hold IDS #110 Community Education or its employees liable.

Parent/Guardian Signature _____ Date: _____