



# KIDS' COMPANY & RAINBOW 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 \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

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: \_\_\_\_\_