

**Mankato Area Public Schools Preschool- Emergency Information**

Child: \_\_\_\_\_ Site: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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Mother's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Hours \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Father's Employer \_\_\_\_\_ Hours \_\_\_\_\_ Work Phone \_\_\_\_\_

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Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

In case of an emergency contact:

1. Name \_\_\_\_\_ 2. Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone numbers: (Home) \_\_\_\_\_ Phone numbers: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**List any allergies, dietary restrictions or any other health information about your child:**

\_\_\_\_\_

Persons (other than a parent/guardians listed above) authorized to pick up your child:

1. Name \_\_\_\_\_ 2. Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone numbers: (Home) \_\_\_\_\_ Phone numbers: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Restraining Order on file: \_\_\_Yes \_\_\_No *If yes, name of individual* \_\_\_\_\_

**\*Please provide a copy to our office.**

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Have you completed Mankato Area Public School registration/census forms? \_\_\_Yes \_\_\_No

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**