



Preschool Emergency Form

Today's Date

CHILD INFORMATION

Child First Name:	Child Middle:	Child Last:
Address:	City / State:	Zip:
Child Birthdate:	Who has custodial rights of child?: <input type="checkbox"/> Parent-A <input type="checkbox"/> Parent-B <input type="checkbox"/> Other (explain)	
Will Child Need Extended Care?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approx. time child will be picked-up on a regular basis?	

PARENT / GUARDIAN INFORMATION

Parent A First Name:	Parent A Last:	Relationship to Child:
Address:	City / State	Zip
Cell Phone:	Work Phone:	Email Address:
Parent B First Name:	Parent B Last:	Relationship to Child:
Address:	City / State	Zip
Cell Phone:	Work Phone:	Email Address:

Check if applicable: Active Military- Parent A or Parent B Coronado Unified Employee- Parent A or Parent B

EMERGENCY CONTACTS

1. First Name:	Last:	Address:
Phone:	Relationship to child:	Authorized to sign-out and take Child? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. First Name:	Last:	Address:
Phone:	Relationship to child:	Authorized to sign-out and take Child? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. First Name:	Last:	Address:
Phone:	Relationship to child:	Authorized to sign-out and take Child? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. First Name:	Last:	Address:
Phone:	Relationship to child:	Authorized to sign-out and take Child? <input type="checkbox"/> Yes <input type="checkbox"/> No

CHILD MEDICAL INFORMATION

Physician Name:	Address:	Medical Plan & ID #:	Phone:
Dentist Name:	Address:	Medical Plan & ID #	Phone:

If Physician cannot be reached, what action should be taken?: Call Emergency Hospital Other (explain)

SIGNATURES (must signed with a pen)

Parent/Guardian Signature:	Date:	
Facility Representative Signature:	Date	
Subsidy: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Admission	Date Left: