



CVUSD Preschool EMERGENCY CONTACT



Child's Name: _____ Birthdate: _____

Home Address: _____ Gender: _____

Name Parent / Guardian: _____ Relationship: _____

Cell Phone: _____ Work / Home Phone: _____

Address: _____ Email: _____

Name Parent / Guardian: _____ Relationship: _____

Cell Phone: _____ Work / Home Phone: _____

Address: _____ Email: _____

Emergency Contacts (Additional people to be called in an emergency & authorized to pick child up)

Name #1: _____ Relationship: _____

Cell Phone: _____ Work / Home Phone: _____

Name #2: _____ Relationship: _____

Cell Phone: _____ Work / Home Phone: _____

Name #3: _____ Relationship: _____

Cell Phone: _____ Work / Home Phone: _____

Person's Authorized to pick up child:

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

Physician or Dentist to be called in an Emergency:

Physician: _____ Medical Plan Number: _____ Phone: _____

Dentist: _____ Medical Plan Number: _____ Phone: _____

If physician cannot be reached, What action should be taken?

Call 911 Other Explain: _____

Parent Signature: _____ Date: _____