

American Christian Academy Preschool
Emergency Contact Information

Child's Name _____ **Date of Birth** _____

Mother's Name _____ **Cell Phone** _____

Work Phone _____ **Home Phone** _____

Father's Name _____ **Cell Phone** _____

Work Phone _____ **Home Phone** _____

Name of friend or family member (other than parent) to be contacted in case of emergency:

1. _____ **Relationship** _____

Cell Phone _____ **Other Phone** _____

2. _____ **Relationship** _____

Cell Phone _____ **Other Phone** _____

3. _____ **Relationship** _____

Cell Phone _____ **Other Phone** _____

4. _____ **Relationship** _____

Cell Phone _____ **Other Phone** _____

I hereby give authorization to American Christian Academy to release my child to the following additional persons not already listed above, provided proper identification is shown:

1. _____ **Relationship** _____

2. _____ **Relationship** _____

I, the undersigned, authorize the staff of American Christian Academy Preschool to take whatever emergency medical measures are deemed necessary for the care of my child during his or her enrollment in the preschool.

Signature
Mother/Guardian _____ **Date** _____

Signature
Father/Guardian _____ **Date** _____