

# 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 \_\_\_\_\_