



**TRINITY UCC PRESCHOOL**  
2340 State Street  
East Petersburg, PA 17520  
569-1632 569-0592

### EMERGENCY FORM

Child's Name \_\_\_\_\_ Child's Birthdate \_\_\_\_\_

Child's age as of September 1<sup>st</sup> \_\_\_\_\_

Parent(s)' Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone Number/Name \_\_\_\_\_

Secondary Phone Number /Name \_\_\_\_\_

E-mail Address(s) \_\_\_\_\_

Father's Occupation/ Place of employment \_\_\_\_\_

Type of work \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Mother's Occupation/Place of employment \_\_\_\_\_

Type of work \_\_\_\_\_ Work Phone Number \_\_\_\_\_

### The best person to be reached in an emergency:

	Name	Number	Relationship to Child
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Family Doctor \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

**ALLERGIES** \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

pink