

First Presbyterian Weekday Preschool
189 Church Street
Marietta, GA 30060
770.427.2166; Preschool@fpcmarietta.org

Class _____
Teacher _____

EMERGENCY CONTACT INFORMATION

Child's name _____ Birth date _____

Mom's name _____ Home Phone _____ Cell Phone _____ Work Phone _____

Dad's name _____ Home Phone _____ Cell Phone _____ Work Phone _____

Pediatrician _____ Phone _____

**ALLERGY
ALERTS**

EMERGENCY CONTACTS (other than parents!)

| Name | Relationship to child | Home Phone & Cell Phone |
|----------|-----------------------|-------------------------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |
| 4) _____ | _____ | _____ |

CHILD RELEASE INFORMATION

I authorize that my child may be released by FPC Weekday Preschool to the following person(s).

| Name | Relationship to child | Home Phone & Cell Phone |
|----------|-----------------------|-------------------------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |
| 4) _____ | _____ | _____ |

IS THERE ANYONE SPECIFIC YOUR CHILD SHOULD NOT BE RELEASED TO?

MEDICAL RELEASE AUTHORIZATION

In the event of a medical emergency involving my child,

Print Child's Name

I understand that First Presbyterian Weekday Preschool will make every effort to contact me. If the school cannot reach me, I give permission for the school to seek medical attention for my child. Any medical fees incurred will be my responsibility.
I agree to hold harmless the Weekday Preschool for their actions on my behalf.

Parent or Guardian

Date Signed