

**OUR SAVIOUR KINDERGARTEN & PRESCHOOL
EMERGENCY FORM**

Name of student/students _____

Name of Parent(s) _____

Address _____

street

city

zip

Home phone _____ e-mail _____

Mom cell phone _____ Dad cell phone _____

Business phone of Father _____

Business phone of Mother _____

If either parent is a student, please list the name of school, phone and class
schedule: _____

Family Doctor _____

office address _____ office phone _____

____yes ____no In case neither of the parents can be reached, do you grant
permission to the school to seek doctors or hospital assistance if such immediate
emergency care is deemed necessary?

In case a parent cannot be reached, whom shall we contact?

Name _____ phone _____

relationship to child:

Name _____ phone _____

relationship to child:

Authorized people to pick up your child:

Name _____ phone _____

relationship to child:

Name _____ phone _____

relationship to child:

**Under no circumstances will your child be released to anyone not known to
the school without verbal or written authorization from parents or guardian.**