

## Normandale Preschool & Blessing Place Emergency Information

**Must be filled out *completely*.**

*(We are required to have ALL of this information on file for each child by the Department of Human Services of the State of Minnesota.)*

<b>Child's Name:</b>	<b>Birthdate:</b>
<b>Child's Address:</b>	
<b>Parent/Guardian:</b>	<b>Emergency Phone #</b>
<b>Parent/Guardian:</b>	<b>Emergency Phone #</b>

**Additional Emergency Contacts (may pick child up from school.)**

<b>Name:</b> <b>Address:</b>	<b>Phone #</b>  <b>Relationship to Child:</b>
<b>Name:</b> <b>Address:</b>	<b>Phone #</b>  <b>Relationship to Child:</b>
<b>Name:</b> <b>Address:</b>	<b>Phone #</b>  <b>Relationship to Child:</b>

**Health Information**

<b>Physician Name:</b>	<b>Phone #</b>	<b>Address:</b>
<b>Dentist Name:</b>	<b>Phone #</b>	<b>Address:</b>
<b>Date of Last DTaP:</b>	<b>Weight:</b>	<b>Allergies</b>
<b>Other Health Information:</b>		

I give permission to Normandale Preschool & Blessing Place to make whatever emergency (e.g., first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the School/Center.

In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (Police, Rescue Squad) deems it necessary. The child will be transported at the expense of the parent/guardian.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child physician, and or other adult acting on the parent's behalf.

Medical Insurance Company: \_\_\_\_\_ Policy Number \_\_\_\_\_

Medical Assistance Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_