

**PRE-KINDERGARTEN**

**EMERGENCY INFORMATION CARD**

(COMPLETE EVERY LINE OR WRITE "NA" IF NOT APPLICABLE)

<b>Office Use Only</b>
Teacher: _____
Pre-k Option: _____

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent(s)/Legal Guardian(s): \_\_\_\_\_ Home phone: \_\_\_\_\_ - -

Please list phone numbers we should use to contact you in case of emergency:

Mother/Legal Guardian work number: \_\_\_\_\_ - - Cell number: \_\_\_\_\_ - -

Mother/Legal Guardian employer: \_\_\_\_\_ Work hours: \_\_\_\_\_

Father/Legal Guardian work number: \_\_\_\_\_ - - Cell number: \_\_\_\_\_ - -

Father/Legal Guardian employer: \_\_\_\_\_ Work hours: \_\_\_\_\_

If MCA staff is unable to reach the parent(s)/legal guardian(s), they will attempt to reach a neighbor or relative who will assume responsibility for the care of the child and pick him/her up from school in an emergency. **PLEASE FILL OUT COMPLETELY.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - - Cell: \_\_\_\_\_ - -

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - - Cell: \_\_\_\_\_ - -

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PLEASE PROVIDE REQUIRED INFORMATION ON EACH LINE:**

Family physician: \_\_\_\_\_ Date of last visit: \_\_\_\_\_ Phone: \_\_\_\_\_ - -

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dentist: \_\_\_\_\_ Date of last visit: \_\_\_\_\_ Phone: \_\_\_\_\_ - -

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Persons NOT authorized to remove child from Maranatha Christian Academy Pre-kindergarten:**

(FILL IN "NA" IF NOT APPLICABLE)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ - -

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ - -

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Persons other than parent/legal guardian authorized to remove child from Maranatha Christian Academy Pre-kindergarten:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ - -

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ - -

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ - -

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

List any known allergies (food and medications): \_\_\_\_\_

**Date of last tetanus shot (DTP):** \_\_\_\_\_

I understand that in some emergency situations, Maranatha Christian Academy will need to contact the emergency medical service before the parents/legal guardians, child's physician and/or other adult acting on the parent's behalf. In the event of a medical emergency, I understand that my child will be transported to North Memorial Medical Center, or the closest emergency room if on a field trip, if the local emergency unit determines this is necessary for treatment. The child will be transported at the expense of the parents.

I hereby grant permission to the staff at Maranatha Christian Academy Pre-kindergarten to take whatever emergency measures are judged necessary for the care and protection of my child, \_\_\_\_\_, while under their supervision at Maranatha Christian Academy Pre-kindergarten.

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**

\_\_\_\_\_  
**Date**