

Emergency Form



I give my permission to CrossWays Preschool to take whatever emergency measures are judged necessary for the care and protection of my child while under the supervision of the center. In case of medical emergency, I understand that my child will be transported to the nearest facility deemed by the local emergency unit for treatment, at my expense. It is understood that in some medical situations the staff will need to contact local emergency resources before parent or guardian.

In this type of an emergency situation the director of the center may need to call 911 or the Libertyville emergency resources before notifying the parent or legal guardian.

Signature _____ Date _____

Student Information

Name _____ Birthdate _____

Mother/Guardian _____ Phone # _____

Full Address _____

Work Phone # _____ Work Hours _____

Father/Guardian _____ Phone # _____

Full Address _____

Work Phone # _____ Work Hours _____

Physician _____ Hospital _____

Physician Phone # _____

Medical Concerns/Allergies (please list) _____

Emergency Contacts – In the event that parents/guardians cannot be contacted, the following persons will be notified of an emergency or illness and the child may be released to them:

Emergency Contact Name #1 _____

Relationship _____ Phone # _____

Street Address _____

City, State, Zip _____

Emergency Contact Name #2 _____

Relationship _____ Phone # _____

Street Address _____

City, State, Zip _____