



Spanish@YoungPeoplesWorkshops.com

[www.SpanishImmersionPrek.com](http://www.SpanishImmersionPrek.com)

[www.YPWKids.com](http://www.YPWKids.com)

Spanish Immersion Preschool

# STUDENT EMERGENCY INFORMATION RECORD

## 20\_\_ - 20\_\_ School Year

**IMPORTANT: Please complete both sides of this form and make sure that you affix your signature on the reverse side. Thank you.**

### Student Information:

Student Last Name			First	Middle	
Date of Birth	Age	Sex	Social Security #	Class	
Mother's Name: _____		Phone: _____		Home	Business
Father's Name: _____		Phone: _____		Home	Business
				Cell	Cell

### Medical Information:

**Both the physician's name and preferred medical facility must be specified below.**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Preferred Hospital / Clinic: \_\_\_\_\_

Hospital / Clinic Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies, existing illnesses, previous serious illness/injuries, any medication prescribed for long-term continuous use, and any other information which staff should be aware of:

No Known Allergies     Drug/Food/Environmental/etc allergies (Please specify below):

\_\_\_\_\_

\_\_\_\_\_

Any additional medical information, such as chronic illness, asthma, diabetes, etc.:

\_\_\_\_\_

\_\_\_\_\_

List of daily medications: \_\_\_\_\_

\_\_\_\_\_

Special Instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## 20\_\_ - 20\_\_ School Year

STUDENT NAME: \_\_\_\_\_

### Authorization for Medical Treatment / Emergency Contact Info:

I hereby give permission and / or consent to YPW Spanish Immersion Preschool and its staff to transport my child in order to secure and authorize such emergency medical treatment as my child might require while in their care. I agree to pay all expenses incurred in connection with such emergency medical treatment. I understand that in case of emergency, YPW will use its best efforts to immediately notify me or if I am unavailable, one of the persons listed below:

#### EMERGENCY CONTACT LIST (IN ORDER OF PRIORITY):

NAME	RELATIONSHIP	HOME PHONE	WORK PHONE	MOBILE
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

### RELEASE OF CHILD AUTHORIZATION:

Departing children will normally be released only to those parents or other persons listed on this form. Please call the Preschool Office in advance if someone not listed will be coming to pick up your child. An appropriate description and identification should be provided to the Preschool. Please refer to the Parent Handbook for more information.

_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Father or legal guardian

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Mother or legal guardian