

Emergency Information Record

Little People's Preschool
1274 Main Street
Crete, IL 60417
(708) 672-9100

Child's Name: _____

Mother's Name: _____ Home Phone: _____

Address: _____

Mother's Employer: _____ Cell: _____

Father's Name: _____ Home Phone: _____

Address: _____

Father's Employer: _____ Cell: _____

Names of LOCAL People to Contact if Parent is Unavailable:

Name	Relation
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Address	Phone
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Name	Relation
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Address	Phone
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Name of Physician and Clinic: _____

Clinic Address	Phone
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Preferred Hospital: (Please Circle)

St. James Chicago Heights St. Margaret Mercy Dyer St. James Olympia Fields

Allergies: (Medicine, Food, Material)

Little People's Preschool offers accident insurance yearly, for a small fee. Please sign up with the Director at the time of enrollment and annually thereafter.

In the event that the child must be taken to a hospital, please list insurance number:

In the event that no emergency contacts can be reached, I give permission for my child to receive emergency treatment.

Parent Signature: _____ Date: _____

The only first aid measures taken at the center are as follows:

- Bump or bruises
- Splinter
- Cut or scratch
- Nose bleed

If further care is needed, we will notify a parent.

Parent Signature: _____ Date: _____