

The Bridge Preschool
Emergency Information 2024-25



Class (check one)	2B	3B	3C	4A
Child's Name				Birthdate
Address			City	Zip
School District				Male Female
Mom's Name				Phone
Dad's Name				Phone
Primary Email				
Secondary Email (optional)				

Health Insurance Information

Insured's Name	Employer
Insurance Company	Policy/Group #

Health Provider Information - please complete all blanks

Doctor's Name	Phone
Address	
Dentist's Name	Phone
Address	
Hospital Preference	

Any known allergies? (food, environmental or medical)

Medical concerns or medications?

Any challenges or concerns? (developmental delays, speech, hearing, vision, physical or behavioral concerns)

By signing below I:

- understand that every effort will be made to reach me in the event of an emergency. I authorize the personnel of The Bridge Preschool to secure emergency medical and dental treatment as deemed necessary and for emergency transport by staff or other emergency contacts. I agree to assume financial responsibility for all expenses related to this treatment.
- agree that The Bridge Preschool is not liable for any illness the child sustains during his/her time at the preschool. I agree to assume financial responsibility for any medical costs.
- give permission for preschool staff to photograph my child for preschool's informational or promotional purposes. I understand my child's name would never be connected to their photo. If not, please contact the director.
- give consent for my child's and my name/address/phone/email for a roster to distribute to the class. Mom's cell phone is the default, if you prefer another number note it here _____.

By typing my name below, I certify that I am the parent or legal guardian of the child for whom this form has been completed and that I have the legal authority to make decisions for this child.

Signature of parent/guardian

Date

The Bridge Preschool 2024-25

Emergency Contacts, Pick-Up Permission and Child Care Information

Two local emergency contacts in case parents cannot be reached

Name Relationship Phone

Name Relationship Phone

Names of people other than parents and emergency contacts, who may pick up your child

Name Relationship Phone

Name/relationship of persons, if any, that may specifically NOT pick up your child?

If there is a separation or divorce custody situation we should be aware of, please explain:

By signing below I:

- give permission for my child to leave preschool with the people, other than parents, named above. I assume responsibility to notify the preschool, in writing, of any changes.
- give permission for my child to take walks with the preschool staff around the property.
- understand that I need to notify the preschool in writing for each situation when my child is to leave preschool with someone out of the ordinary. If these people are unknown to preschool staff, they will be asked to show a photo ID.

By typing my name below, I certify that I am the parent or legal guardian of the child for whom this form has been completed and that I have the legal authority to make decisions for this child.

Signature of parent/guardian

Date

Child Care Information

Complete this section only if your child is regularly transported by someone other than parent or guardian. Please notify us if there is a change in your child's care.

Child care provider's name

Phone

Please check here if you give permission for preschool staff to communicate information such as incident reports to the person named above.