

****THIS CHILD HAS ALLERGIES****

YES

2018-2019

EARLY CHILDHOOD PRESCHOOL EMERGENCY CARD

PLEASE PRINT

CHILD'S NAME _____ HOME PHONE # _____

HOME ADDRESS _____

PRIMARY E-MAIL ADDRESS _____

PARENT #1 NAME _____

WORK PHONE # _____ CELL PHONE # _____

PARENT #2 NAME _____

WORK PHONE # _____ CELL PHONE # _____

EMERGENCY CONTACT 1 _____ PHONE # _____

EMERGENCY CONTACT 2 _____ PHONE # _____

The JCC Early Childhood Staff has permission to release my child for pick up or carpooling to:

1. _____ 3. _____
Phone# _____ Phone# _____

2. _____ 4. _____
Phone# _____ Phone# _____

My child has an epi-pen: YES

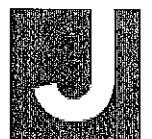
My child is allergic to the following foods:

My child is allergic to the following medications:

I understand that it is my responsibility to send a note to the school when someone other than a parent of a child listed above will be picking up my child from the JCC. I further understand that the JCC takes the safety of my child very seriously and will not release my child to any parent other than myself without having it in writing or speaking with me directly.

Parent Signature _____

Date _____



MetroWest