

Fentress County Preschool Emergency Form

Child's Name _____ Birthday _____

Parent/Guardian _____ (H) Phone _____
Cell Phone _____
Cell Phone _____

Mother's Work _____ Phone _____

Father's Work _____ Phone _____

Guardian's Work _____ Phone _____

Child's Doctor _____ Phone _____

In case of an emergency and we cannot reach a parent or guardian, we **MUST** have 2 different contact numbers.

name	relation	phone
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name	relation	phone
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Please list any environmental allergies your child may have:

Allergy	Reaction
_____	_____
_____	_____

Please list any food allergies your child may have:

Allergy	Reaction
_____	_____
_____	_____

Does your child wear: (Please circle all that apply)

diapers pull-ups all the time nap time only

Does your child have any difficulty chewing or swallowing certain foods? Explain _____

Please describe any/all health concerns:

Parent/Guardian Signature _____ Date _____