

SAINT MARY PRESCHOOL
183 High Ridge Rd
Ridgefield, CT 06877

Emergency Information Plan for School Year: _____

Program _____
AM _____
PM _____
Full Day _____

Name of Student _____

Birth Date _____ E-mail address _____

Parent/Guardian _____

Address _____ Home Phone _____

City/State _____ Zip _____

Parent/Guardian _____

Address _____ Home Phone _____
(If different from above listed address)

City/State _____ Zip _____

Father's Phone (work) _____ Cell _____
Address _____

Mother's Phone (work) _____ Cell _____
Address _____

In the event that we cannot be reached, the school staff has my permission to contact either of the people listed below for the care and transportation of my child:

Name _____ Phone (home) _____
Address _____ Phone (work) _____
Cell _____

Name _____ Phone (home) _____
Address _____ Phone (work) _____
Cell _____

Physician _____ Phone _____

Dentist _____ Phone _____

Known sensitivity to drugs _____

Allergies _____

Known health conditions (e.g. asthma, diabetes,allergies) _____

I hereby give my permission to the officials of my child's school for he/she to be taken to the hospital, doctor or dentist if an accident or serious illness occurs in school and I or my designates cannot be located.

Signature of Parent/Guardian

Date