



2018-19 Preschool Emergency/Pick-up Form

11220 Nuckols Road · Glen Allen, VA 23059 · (804) 935-0162 · cec-preschool.org

Child's Name (Last) _____ (First) _____ (MI) _____ Name child likes to be called _____

Emergency Contact Information

Please give the following information for two people who would assume responsibility for your child in the event of an emergency in which neither parent can be reached. PLEASE NOTE: Emergency contacts MUST be friends or family members who are in the Richmond area. Please provide complete addresses!

Name _____ Relationship to child _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone (_____) _____ - _____ Home Phone (_____) _____ - _____

Name _____ Relationship to child _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone (_____) _____ - _____ Home Phone (_____) _____ - _____

Does your child have a life-threatening allergy? Yes No

If yes, what is he/she allergic to? _____

How does it affect him/her? _____

Does your child have an Epi-pen*? Yes No

What should be done if your child has an allergic reaction? _____

**Children with Epi-pens MUST have a doctor signed allergy action form on file in the office prior to their first day of attendance*

Please list any other health concerns your child may have that are important for us to know about.

Physician's Name _____

Phone (_____) _____ - _____

Hospital Preferred _____

Phone (_____) _____ - _____

Please complete the next page of this form.

I hereby give permission for my child to leave the center with the following persons named below. I understand that it is the responsibility of the parents to notify the center, in writing, of any change. Please include child's parents.

Date	Name	Relationship	Home/Cell Phone	Work Phone
		Mother		
		Father		

Legal Status of child's custody: Both Parents Mother Father

List persons NOT AUTHORIZED* to pickup this child _____

**We are required to have a copy of legal paperwork on file for a parent not authorized to pickup a child.*

If there is a separation or divorce custody problem of which The CEC should be aware, please explain. CEC MUST have a copy of any custody orders that prevent a parent from having access to his/her child.

Date ____ / ____ / ____ X _____
 Signature of Parent or Guardian