

**ST. JOHN'S EPISCOPAL CHURCH PRESCHOOL EMERGENCY CONTACT CARD**

**CHILD'S NAME:** \_\_\_\_\_

**PARENTS' NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE: home:** \_\_\_\_\_ **cell 1:** \_\_\_\_\_ **cell 2:** \_\_\_\_\_

**CHILD'S AGE:** \_\_\_\_\_ **DATE OF DATE OF BIRTH:** \_\_\_\_\_

**SPECIAL NEEDS OR CONCERNS (food allergies or medical conditions)** \_\_\_\_\_

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**IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT FIRST & SECOND?  
EMERGENCY CONTACT**

**1:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**RELATIONSHIP TO CHILD:** \_\_\_\_\_

**2:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**RELATIONSHIP TO CHILD:** \_\_\_\_\_

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