OAK KNOLL
CHRISTIAN PRESCHOOL
& CHILD CARE

Emergency Contact Form

Please be sure to include complete address information for emergency contacts and for medical care resources

Child's Name _____ Birth Date _____

Home Address: _____

Parent/Guardian Name (1): _____

Phone Number: _____ Email: _____

Parent/Guardian Name (2): _____

Phone Number: _____ Email: _____

Emergency Contacts: *(To whom child may be released if parent/guardian is unavailable)*

Name (1): _____ Relationship: _____

Address: _____ Phone Number: _____

Name (2): _____ Relationship: _____

Address: _____ Phone Number: _____

Child's Usual Source of Medical Care:

Physician's Name: _____ Phone: _____

Clinic Name/Address: _____

Dentist's Name: _____ Phone: _____

Address: _____

Hospital Name: _____ Phone: _____

Address: _____

Child's Health Insurance: _____

Subscriber's Name: _____ ID#: _____

[See other side]

OAK KNOLL
CHRISTIAN PRESCHOOL
& CHILD CARE

Emergency Contact Form

Special Instructions for Special Conditions or Disabilities: _____

_____

_____

Allergies: _____

_____

As a parent/legal guardian, I give consent to Oak Knoll Christian Preschool to administer to my child emergency first aid by the preschool staff. I understand that, if necessary, 911 will be called, and my child may be transported to receive emergency care. I understand that I will be responsible for all emergency transportation and any charges not covered by insurance. I give consent for the emergency persons listed above to act on my behalf until I am available. I agree to update this information whenever a change occurs.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Oak Knoll Christian Preschool and Child Care
600 Hopkins Crossroad
Minnetonka, MN 55446
p. 952-334-8200
preschool@oklutheran.org