



Tadpole Village Preschool at Frogbridge Emergency Contact Form

Child's Name	M/F	Birthdate
Home Address	City	Zip Code
Home Phone		
Siblings Names and Ages		
Parent # 1 Name	Occupation	
Marital Status (Circle One)	Married	Divorced Separated Single Widow/Widower
Child lives with (Circle One)	Both parents Mother Only Father Only Other:	
Home Phone	Email	
Cell Phone		
Work Phone		
Employer		
Business Address		
Parent #2 Name	Occupation	
Marital Status (Circle One)	Married	Divorced Separated Single Widow/Widower
Home Phone	Email	
Cell Phone		
Work Phone		
Employer		
Business Address		

Please give names of two other local residents or relatives to be called in an emergency:
 ***Be sure to advise your emergency contacts of the password for pick-up. ***

Name	Relationship	
Home Phone		
Cell Phone		
Address	City	Zip Code

Name	Relationship	
Home Phone		
Cell Phone		
Address	City	Zip Code

Please give the following information about your child's physician:

Physician Name	Phone Number	
Address	City	Zip Code

In Case of an Emergency: I understand that every effort will be made to contact the parents/guardians of the student. In the event that I cannot be reached, I hereby give permission to the physician selected by Tadpole Village Preschool to hospitalize, secure proper treatment for, and to order injection, anesthesia and/or surgery for my child as named above. This form may be photocopied for use outside of the school.

The Parent/Guardian who signs this emergency contact form and all other required paperwork represents that he/she has full authority to do so and verifies that he/she has read and understands all terms and conditions of this emergency contact form and all other required paperwork.

Parent/Guardian's Signature

Date