

LAKESIDE PRESBYTERIAN NURSERY SCHOOL
DULUTH, MINNESOTA
EMERGENCY INFORMATION FORM

Name of Child _____

Birth date _____

Child's Primary Address _____

Primary Phone # _____

**WHEN CHILD IS ATTENDING SCHOOL,
PARENT(S)/GUARDIAN CAN BE REACHED AT:**

Mother _____ Cell # _____

Father _____ Cell# _____

**List two authorized emergency/contact persons if Parent(s) cannot be reached
MUST BE LOCAL**

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Emergency Medical and Dental Care

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Allergies _____

Medications _____

Hospital _____

OTHER SIGNIFICANT INFORMATION _____

