Lakeside Presbyterian Nursery School
4430 McCulloch St. Duluth, MN 55804
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:

Parent/Guardian_____ Cell# _____

Parent/Guardian_____Cell#_____

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

Name _____Phone#_____

Address_____

Name _____Phone#_____

Address_____

LIST THOSE WHO ARE NOT AUTHORIZED TO PICK UP YOUR CHILD AT SCHOOL:

_____

Name Address Phone

Emergency Medical and Dental Care

Child's Physician_____ Phone#_____

Child's Dentist _____ Phone#_____

Allergies_____

Medications_____

Hospital _____