



Smarty Pants Pre-School, LLC  
Phone: 9417061223  
smartypantspreschool@yahoo.com

## Emergency Information

Child's Name

Date of Birth

Address

**Health Concerns/Special Instructions:** chronic conditions, medications, special needs, allergies

### Doctor's Information

Name

Telephone Number

Address

### Notification Information

In case of illness or accident, contact the following:

Father/Guardian Name

Phone Number

Cell Phone

Mother/Guardian Name

Phone Number

Cell Phone

### Two Emergency Contacts

Name

Phone Number

Name

Phone Number

I authorize **Smarty Pants Pre-School** to contact the persons identified on this form. I authorize the named physician or his associates to render treatment deemed necessary in an emergency. In the event no one can be reached in a timely manner, **Smarty Pants Pre-School** officials are hereby authorized to take actions they deem necessary for the wellbeing of my child.

*It is understood that the expense of all actions will be accepted by me.*

Signature of Parent/Guardian

Date