

St. Gertrude's Preschool

28 School Street, Bayville, NY 11709

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www.stgertrudesprek.org



EMERGENCY INFORMATION

2024 - 2025 School Year

OFFICE USE

Teacher: _____

THIS FORM IS TO BE COMPLETED AND SIGNED BY THE CHILD'S PARENT OR LEGAL GUARDIAN.

FOR MOMMY & ME, PLEASE FILL OUT SECTIONS B & C

Child's Name _____ Class (circle one): 1s 2s 3s 4s

A. Persons authorized to pick up your child. If possible, please include one preschool parent.

Name _____ Tel # _____ Relationship _____

Name _____ Tel # _____ Relationship _____

Name _____ Tel # _____ Relationship _____

Name _____ Tel # _____ Relationship _____

Name _____ Tel # _____ Relationship _____

B. Persons to be notified in case of an emergency:

Name _____ Tel # _____ Relationship _____

Name _____ Tel # _____ Relationship _____

Name _____ Tel # _____ Relationship _____

Additional Instructions for Preschool personnel: _____

Child's Physician _____

Address _____ Tel # _____

Emergency Hospital Preference _____

CONSENT AND CONTACT

C. In the event the child named above is injured or ill, I understand that the Preschool will attempt to contact me, the other parent, or the legal guardian at the telephone number provided below.

Parent (or legal guardian) Name (1) _____ Preferred Tel # _____

Parent (or legal guardian) Name (2) _____ Preferred Tel # _____

Other Contact Information _____

In the event that I, or the others listed, are not available, I give my permission to the Preschool to provide first aid for the child named above and to take the appropriate measures including contacting the emergency medical services system and arranging for transportation to the nearest hospital. At no time will anyone from the Preschool drive an ill or injured child to an emergency room unless accompanied by another adult.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____