



# OUR SAVIOR EARLY LEARNING CENTER

## EMERGENCY INFORMATION

School Year: \_\_\_\_\_

REGULAR MEDICAL SOURCE:
NAME:
ADDRESS:
TELEPHONE: (            )            -

REGULAR DENTAL SOURCE:
NAME:
ADDRESS:
TELEPHONE: (            )            -

Hospital/ER TO BE USED FOR AN EMERGENCY:
NAME:
ADDRESS:
TELEPHONE: (            )            -

IN CASE OF AN EMERGENCY, LIST BELOW, ALTERNATE ADULTS TO CONTACT  
and also those who may transport your child.

### (IDENTIFICATION REQUIRED)

**\*\*Those marked as continual pick-up will need their own personal check-in code\*\***

NAME:
ADDRESS:
TELEPHONE: (            )            -
<input type="checkbox"/> CONTINUAL PICK- UP <input type="checkbox"/> OCCASSIONAL PICK-UP

NAME:
ADDRESS:
TELEPHONE: (            )            -
<input type="checkbox"/> CONTINUAL PICK- UP <input type="checkbox"/> OCCASSIONAL PICK-UP

