



# 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