

PILGRIM LUTHERAN PRESCHOOL

1731 St. Agnes Dr.
Green Bay WI 54304-3099
920-965-2244

EMERGENCY INFORMATION

State requirement; it must be in our files on your child's first day of school.

CHILD'S NAME _____ AGE _____

ADDRESS _____ PHONE _____

EMAIL ADDRESS _____

PARENTS NAME _____

(Please number the order in which you wish us to proceed in emergency.)

() Notify Mother Home: _____ Work: _____ Cell: _____

() Notify Father Home: _____ Work: _____ Cell: _____

() Notify Family Physician: Name: _____

Phone: _____

() Take child to Emergency Room for Treatment: Hospital _____

() Contact any licensed physician

Parent's Signature _____ Date _____

Person to be notified in CASE OF EMERGENCY, when parent CANNOT be reached:

1. Name _____ Relationship to child _____

Address _____ Phone _____

2. Name _____ Relationship to child _____

Address _____ Phone _____

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Instead of separate permission slips for each field trip, please sign the permission slip below to cover the entire year. You will be notified of each date and place as it occurs. If, for any reason, you do not wish your child to go on a particular trip, please notify the teacher.

I give my permission for _____ to go on all field trips during the coming school year.

Parent's Signature _____ Date _____