



Second Presbyterian Preschool Emergency Contacts 2020-2021

Child's Name _____ DOB _____

In case of emergency, illness or accident to the child named above, the school is instructed to contact the following people *in the order listed* at the phone numbers listed.

	Name	Relationship to Child	Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Pediatrician's Name: _____

Authorized Pick Up List (*add more names if needed)

	Name	Relationship to Child	Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____