



BETHANY BUSY BEE PRESCHOOL EMERGENCY CARD



Child's Last Name

First Name

Address

City

Zip

Home Phone

Work Phone

Mom's Cell

Dad's Cell

Doctor's Name & Phone

Dentist's Name & Phone

Insurance Name & Number

Hospital of Choice

Emergency Name, Phone & relationship if unable to reach parents:

Parents' Names

Signatures on back required

AUTHORIZATION FOR MEDICAL OR SURGICAL CARE

We hereby give our consent to Bethany Busy Bee Preschool to call a doctor for medical or surgical care for our child should an emergency arise. We understand that a conscientious effort will be made to locate us first, if possible. The expense will be accepted by us, the parents.

Parent Signature

Date

PARENT AUTHORIZATION FOR FIELD TRIPS

Permission is granted for _____ to go on any field trip with Bethany Busy Bee Preschool. Transportation will be either by automobile or on foot. I understand that I will be informed of the trip in advance.

Parent Signature

Date



**PLEASE COMPLETE AND RETURN THIS CARD
BEFORE YOUR CHILD BEGINS SCHOOL**

