



Emergency Information & Authorization Form

Child's Name _____ Date of Birth _____

Parent/Guardian Name _____ Cell Phone _____

Parent/Guardian Name _____ Cell Phone _____

Alternate **Emergency Contact** and **Authorized Pick Up** for my child:

1) _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip _____

2) _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip _____

3) _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip _____

In case of an emergency what hospital would you prefer your child to be taken to?

Please circle one

Littleton Adventist
7700 S. Broadway
Littleton, CO 80122

Children's Hospital
1811 Plaza Drive HR,
CO 80129

Sky Ridge
10101 RidgeGate
Pkwy Lone Tree, CO 80124

I give Legacy Preschool permission to transport or have an ambulance transport _____
in case of an emergency. _____ Date. If not marked you are declining. (Child's Name)

I give Legacy Preschool permission to treat my child _____ in case of an emergency.
_____ Date. If not marked you are declining. (Child's Name)

Child's Physicians is _____ Phone # _____

Address _____

Child's Dentist is _____ Phone # _____

Address _____

My Child has allergies to _____.

My child has had a major medical issue _____.

My child is currently taking medications _____.

My Child currently has an epi pen _____ (If yes please have your pediatrician fax and Allergy Action Plan)

If your child has major health problems, or allergies you may need to fill out a health plan form as well.

Signature of Parent/Guardian

Date