

The Children's Garden Preschool
Vickie Schudel
3928 Hope Valley Road, Durham NC 27707
919 225-1672

Emergency Form

Child's Full Name _____

Date of Birth _____

Emergency Contacts

Parent Name:	Parent Name:
Cell phone #:	Cell phone #:
Home and/or work #:	Home and/or work #:
Address:	Address (if different):

Emergency Contact other than parent(s)

Emergency Contact Name:
Cell phone #:
Home and/or work #:

Medical Information

Pediatrician Office/Doctor:
Pediatrician Phone #:
Dentist:
Dentist Phone #:

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ALLERGIES and/or food sensitivities:

Emergency Medical Care

I hereby grant permission for Vickie Schudel or contractors of The Children's Garden to secure the necessary emergency medical treatment needed for _____ in the event that I cannot be reached to otherwise authorize the same.

Signature: _____ Date: _____

Signature: _____ Date: _____

Insurance Information

Child's Full Name:

Insured Person's Name:

Address and Phone # of insured:

Insurance Company Name:

Address and Phone #:

Group Number:

Immunizations

Is your child's immunizations current (up to date): _____

Please see the Immunizations section of the Guidebook under Enrollment at www.thechildrensgardennursery.com or <https://www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html>