

**HOPE Preschool EMERGENCY INFORMATION**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Parent/Guardian Name: \_\_\_\_\_  
\_\_\_\_\_  
(First Call Primary Phone Number) (First Call Alternate Phone Number) (Relationship)

Parent/Guardian Name: \_\_\_\_\_  
\_\_\_\_\_  
(Second Call Primary Phone Number) (Second Call Alternate Phone Number) (Relationship)

**LOCAL** persons to call in case of an emergency when parents cannot be reached:

1. \_\_\_\_\_  
(Name) (Relationship) (Contact Phone Number)

2. \_\_\_\_\_  
(Name) (Relationship) (Contact Phone Number)

Additional person(s) **AUTHORIZED** to pick up child \_\_\_\_\_  
\_\_\_\_\_

Person(s) **NOT AUTHORIZED** to pick up child \_\_\_\_\_

Is this a court order? \_\_\_\_\_ (If yes, please supply documentation and photo.)

**HOPE Preschool MEDICAL RELEASE**

In case of emergency at school , if neither parent can be reached and/or time is of the essence, we authorize the staff of HOPE Preschool to have our child, \_\_\_\_\_ , transported to the emergency room and further authorize the medical staff of the hospital to administer treatment considered necessary for the well being of our child. We will assume financial responsibility for the cost of the ambulance and/or for treatment administered at the hospital. I understand that my child will be transported to Inova Loudoun Hospital.

Medical information/allergies concerning our child which should be known to the hospital include:  
\_\_\_\_\_

I understand that HOPE Preschool will contact the Poison Control Center and follow their instructions if needed.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_