

E0mergency Card

The Big Barn Preschool

In Case of emergency I, the undersigned, authorize the following plan of notification, In the event that my child shall require emergency treatment or care.

- 1. Parent/Guardian name \_\_\_\_\_  
 Place of work \_\_\_\_\_ Work number \_\_\_\_\_  
 Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

If I cannot be reached Please contact:

- 2. Parent/Guardian name \_\_\_\_\_  
 Place of work \_\_\_\_\_ Work number \_\_\_\_\_  
 Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_
- 3. Parent/Guardian name \_\_\_\_\_  
 Place of work \_\_\_\_\_ Work number \_\_\_\_\_  
 Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_
- 4. Parent/Guardian name \_\_\_\_\_  
 Place of work \_\_\_\_\_ Work number \_\_\_\_\_  
 Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

In the event that none of the above are immediately available or emergency treatment is necessary, I authorize the staff of the Big Barn Preschool to take necessary steps to insure the safety and wellbeing of my child and I will be responsible for payment of all emergency medical charges. I also authorize either The Big Barn Staff or the paramedics to transport my child in the event of emergency.

\_\_\_\_\_  
 Signature Date

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- 1Parent/Guardian name \_\_\_\_\_  
 Place of work \_\_\_\_\_ Work number \_\_\_\_\_  
 Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

If I cannot be reached Please contact:

- 11Parent/Guardian name \_\_\_\_\_  
 Place of work \_\_\_\_\_ Work number \_\_\_\_\_  
 Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_
- 2Parent/Guardian name \_\_\_\_\_  
 Place of work \_\_\_\_\_ Work number \_\_\_\_\_  
 Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_
- 3Parent/Guardian name \_\_\_\_\_  
 Place of work \_\_\_\_\_ Work number \_\_\_\_\_  
 Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

In the event that none of the above are immediately available or emergency treatment is necessary, I authorize the staff of the Big Barn Preschool to take necessary steps to insure the safety and wellbeing of my child and I will be responsible for payment of all emergency medical charges. I also authorize either The Big Barn Staff or the paramedics to transport my child in the event of emergency.

\_\_\_\_\_  
 Signature Date

Emergency Card

The Big Barn Preschool

The Following Persons are authorized to Pick Up My Child Form School:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_
4. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

Also, please note my child has the following allergies:

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Schaumburg Police, Fire, Paramedics: 911

\_\_\_\_\_  
Signature Date

Emergency Card

The Big Barn Preschool

The Following Persons are authorized to Pick Up My Child Form School:

- 1Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_
- 2Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_
- 3Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_
- 4Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

Also, please note my child has the following allergies:

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Schaumburg Police, Fire, Paramedics

\_\_\_\_\_  
Signature Date