



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**

