



St. Edward

CATHOLIC CHURCH AND SCHOOL

PARENT/GUARDIAN CONTACT, EMERGENCY CONTACTS, MEDICAL INFORMATION & DISMISSAL INFORMATION 2020-2021

Child's Name: _____ Date of Birth: _____

Parent / Guardian

Parent / Guardian

Name: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Address: _____

City/state/zip: _____

Primary Emergency Contact

Secondary Emergency Contact

Name: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Doctor: _____

Dentist: _____

Allergies: _____

Those who have permission to pick up my child from Preschool:

Name: _____

Relationship: _____
