

EMERGENCY AUTHORIZATION FORM

_____ School Year

Salem Preschool Program
7825 Bailey Road, Woodbury, MN 55129
www.salemofwoodbury.com

Child's Name: _____ Birth Date: __/__/__

Address: _____

City/State/ZIP _____

Home phone : _____

Mother's Name _____ Father's Name: _____

Employer: _____ Employer: _____

Work phone: _____ Work phone: _____

Cell phone: _____ Cell phone: _____

Special instructions on how to reach parents while child is in school: _____

Out of state contact (in case of natural disaster): _____

Relationship: _____ Home phone: _____

Work phone: _____ Cell phone: _____

Child's physician: _____

Clinic or hospital address: _____

Phone: _____

Child's dentist: _____

Address: _____

Phone: _____

Does child have any allergies?

Yes If yes, please list: _____

No _____

Please list any medical condition of which Salem Staff should be aware: _____

Special instructions if child is injured or ill

