

EMERGENCY INFORMATION 2026-2027

Birth Date: _____ Age: _____

Child's Name: First _____ MI _____ Last _____

Home Address: _____

City: _____ Zip: _____ Phone: _____

Family Email Address: _____

PARENT / GUARDIAN EMERGENCY CONTACTS

If parents share custody, one parent cannot be eliminated from the contacts unless authorized by the court system.

Parent / Guardian Name (List in order to contact)	Relationship to Child	Contact Numbers	Employer & Work Phone Number
		Call 1 st Call 2 nd	
		Call 1 st Call 2 nd	

ALTERNATE EMERGENCY CONTACTS

You must have at least 3 total emergency contacts between Parent and Alternate Contacts

Full Name	Relationship to Child	Contact Numbers	Employer & Work Phone Number
		Call 1 st Call 2 nd	
		Call 1 st Call 2 nd	

CHILD PICK-UP AUTHORIZATION

Please list all persons authorized to pick up your child from Gilead Christian Early Childhood Center

Name/Phone	Name/Phone
Name/Phone	Name/Phone
Name/Phone	Name/Phone
Name/Phone	Name/Phone

Name of Physician or Clinic:	Name of Dentist or Clinic or <input type="checkbox"/> Not Applicable
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:

Does your child have any food, medication or environmental allergies?

Unknown No Yes - check all that apply Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor child for symptoms, take action if a reaction occurs, or give emergency medication to your child? (Check one)

No Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed (Forms available in Preschool office)

Does your child have a special health or medical condition?

Unknown No Yes Please list and explain:

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (Check one)

No Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed (Forms available in Preschool office)

Is your child using any medication, food supplement or medical food (ie. Electrolyte solution)?

Unknown No Yes Please list and explain:

If yes, does this medication, food supplement or medical food need to be administered at the child care center? (Check one)

No Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, supplement or medical food (Forms available in Preschool office)

Gilead Christian School **HAS permission to secure** emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.

Yes No

If you marked NO above, and Gilead Christian School **does NOT have permission to secure** emergency transportation for my child in the event of an illness or injury which requires emergency treatment, I wish for the following action to be taken: