

EMERGENCY CONTACTS
Gan Chabad Preschool

Child's name : _____

Address : _____

Home Tel # : _____

Date of Birth : _____

PARENTS INFO :

Mother's name : _____

Home address : _____

Mother's work address : _____

Cell number : _____ Work number : _____

Father's name : _____

Home address : _____

Father's work address : _____

Cell number : _____ Work number : _____

EMERGENCY CONTACT :

Name : _____

Address : _____

Phone : _____ Relationship : _____

CHILD'S DOCTOR INFORMATION

Name : _____

Full Address : _____

Phone : _____

If an emergency arises (G-d Forbid) and none of the people specified above can be contacted, I hereby give Gan Chabad permission to take any measures deemed proper considering the circumstances.

Signature : _____ Date : _____