

Living Savior
Little Lambs Preschool
8050 W. Coal Mine Ave.
Littleton, CO 80123

PRESCHOOL AUTHORIZATION/EMERGENCY CARD

For: _____
(name of student)

Parent/Guardian:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Parent/Guardian:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

The following adults are authorized to pick up my child from Little Lambs Preschool:

Name _____

Relationship to child: _____

Name _____

Relationship to child: _____

Name _____

Relationship to child: _____

Medical Information:

Doctor's name _____ phone # _____

Doctor's address _____

Dentist's name _____ phone # _____

Dentist's address _____

Hospital of choice _____ phone # _____

Hospital address _____

Allergies: _____

Special Medical Instructions: _____

Emergency Contacts:

Name _____

Relationship to child: _____

Name _____

Relationship to child: _____

Name _____

Relationship to child: _____

Signed: _____

Dated: _____