

Savannah Christian Daycare
Emergency Information Form

Name of Child _____ Date of Birth _____

Address _____ Home Phone _____

Mother/Guardian _____ Home Phone _____

Address _____ Cell Phone _____

Employer _____ Work Phone _____

Father/Guardian _____ Home Phone _____

Address _____ Cell Phone _____

Employer _____ Work Phone _____

Person to Contact in case of an emergency after parents:

Name _____ Phone _____

Relationship to child _____

Child's Physician _____

Please list any person that **SHOULD NOT** pick up your child:

Name _____ Name _____

Description _____ Description _____

Authorization for Tylenol & Benadryl

I hereby give Savannah Christian Daycare & Preschool full permission to administer Tylenol in the event of a spiked temperature. _____ (dosage)

I hereby give Savannah Christian Daycare & Preschool full permission to administer Benadryl in the event of an allergic reaction. _____ (dosage)

I hereby release Savannah Christian Daycare & Preschool from any reaction or complication resulting from administering these medications.

Parent Signature _____ Date _____