

**Norfolk State University
Preschool Academy**

Emergency Form

***All blanks must be completed. Write N/A or None where applicable**

Child's Name (First) _____ **(Middle)** _____ **(Last)** _____

Nick Name _____ **Age** _____ **Birth Date** _____

Home Address _____ **City** _____ **Zip Code** _____

Home Phone _____

Mother's (Guardian) Name _____

Address (If different from above) _____

Place of Employment _____

Business Telephone _____ **Cell Phone** _____

Mother's e-mail address _____

Father's (Guardian) Name _____

Address (If different from above) _____

Place of Employment _____

Business Telephone _____ **Cell Phone** _____

Father's e-mail address _____

Physician's Name _____ **Telephone** _____

Emergency Hospital Preference _____

Emergency Contacts

Please provide COMPLETE information for three Emergency Contacts. Two contacts must have different address than home address.

1. Name _____
Address _____
Home Telephone _____ Cell Phone _____
Work Phone _____

2. Name _____
Address _____
Home Telephone _____ Cell Phone _____
Work Phone _____

3. Name _____
Address _____
Home Telephone _____ Cell Phone _____
Work Phone _____

List persons AUTHORIZED to pick up child:

(1) _____ (2) _____

(3) _____ (4) _____

Any additional information the school needs to know (allergies, dietary needs, medical conditions, etc)

Parent/Guardian's Signature

Date