

**Legacy Christian Academy
Preschool Emergency Information**

Name _____
Last First M.I. DOB

Address _____
Street City Zip

Father _____
Dad's Day Phone Dad's Cell #

Mother _____
Mom's Day Phone Mom's Cell #

Health Ins. Co _____ **Ins. Policy #** _____
Health Clinic _____ **Clinic Phone #** _____
Dental Care Provider _____ **Phone #** _____

Emergency Contact 1 _____
Emergency Contact 2 _____

Health problems, allergies, etc. that school staff may need to know

Asthma Seizures Diabetes Allergies to: _____

Other: _____ Last DTP Shot: _____

Additional information to share _____

The welfare of your child is the first concern of Legacy Christian Academy. The people you designate as emergency contacts may be asked to transport your child if you cannot be reached. In the case of a serious medical emergency, 911 will be called. You will be informed as soon as possible. The name of the health clinic you listed will be given to emergency personnel. If your child's condition requires immediate transportation to a hospital, **Mercy Hospital will be used.** You and your insurance will be responsible for the ambulance fees.

The school should be notified if your address/phone or health clinic information changes during the school year. This form is available on the LCA website should you need to update your form.

I give permission for my child to use hand sanitizer when soap and water are not available.

Yes No

I have read and understand the information contained in this document.

Parent/Guardian Signature: _____ **Date:** _____