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## PreK Emergency Information Form

### Student Information

Class \_\_\_\_\_

First Name	Middle Name	Last Name	Birth Date
Street	City	State	Zip

### Father's Information

Father's Name	Address
Cell Phone	Work Phone
Email	

### Mother's Information

Mother's Name	Address
Cell Phone	Work Phone
Email	
Health Ins. Co _____	Ins. Policy # _____
Health Clinic _____	Clinic Phone # _____
Health Clinic Address _____	
Dental Care Provider _____	Phone # _____
Dental Clinic Address _____	

### Emergency Contact 1 (Other than parent; parent contact will be attempted first.)

Name	Address	Relationship	Phone
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### Emergency Contact 2 (Other than parent; parent contact will be attempted first.)

Name	Address	Relationship	Phone
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### 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. *\*In the event you cannot be reached, you are authorizing the medical staff to treat your child in whatever manner they deem necessary.*

Your child's teacher and the PreK Director should be notified if your address/phone or health clinic information changes during the school year.

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

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

**Yes**     
  **No**

Thank you for completing this form in its entirety.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_