



Fullerton First United Methodist Church Preschool

A Parent Participation Program
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License #300-600-331

Emergency Form

Child's Name _____ Home Phone _____

Child's Address _____

Cell Phone Numbers _____

In case of a disaster I give my permission for emergency treatment for my child.

_____ Signature of Parent or Legal Guardian

My child is in need of medication within a 24 hour period. Yes _____ No _____

If yes, please include medication in a zip-loc bag with the child's name and include information here (dosage, etc.) _____

My child is allergic to the following medications: _____

List the names and phone numbers of adults you designate to pick up your child.

If the regular phone service is not working, long distance will be the first service repaired. Please list a long distance phone number to call with information regarding your child.

Name of person to talk to _____

Signature of Parent or Legal Guardian _____ Date _____

For Preschool Use Only

Condition of the child on release (in case of emergency) _____

Released to _____ Phone # _____

They plan to take your child to this location _____

Date of pick up _____ Time of pick up _____

Signature for release _____