

**New Frontiers Preschool**  
**Emergency Card Information / Permission Form**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Allergies/Medical Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pediatrician Name \_\_\_\_\_  
Pediatrician Phone \_\_\_\_\_

Parent Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_  
Email Address \_\_\_\_\_

Parent Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_  
Email Address \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_

I (we) give permission for New Frontiers staff to seek emergency medical attention for this child in the event that I (we) cannot be reached.

Parent signature \_\_\_\_\_

**Pick up Authorization**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

I hereby authorize the following people to pick up my child from New Frontiers.

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Please check any of the three people listed above to whom authorization applies:

\_\_\_ Parent 1      \_\_\_ Parent 2      \_\_\_ Emergency contact person

Additional persons:

1) Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Parent signature \_\_\_\_\_