

ARLINGTON HEIGHTS PARK DISTRICT EMERGENCY CONTACT FORM

PRESCHOOL PROGRAM

CHILD'S NAME _____ 2022-2023 PRESCHOOL YEAR

HOME ADDRESS _____

PARENT'S NAME _____ PARENT'S NAME _____

MAIN PHONE _____ MAIN PHONE _____

EMAIL _____ EMAIL _____

EMERGENCY CARE (Please list names of two adults other than the parents who could be contacted if needed)

NAME _____ PHONE _____

NAME _____ PHONE _____

FAMILY PHYSICIAN _____

PHYSICIAN'S PHONE NUMBER _____

List any medical allergies, chronic illnesses, daily medication or other important condition information:
