

Brookhaven Country Preschool Emergency Notification Card

Date _____

Child's Name _____

Teacher _____

Home Phone _____

Allergies _____

Mother's Name _____

Medications/Dosage _____

Mother's Work Number _____

Mother's Cell Phone _____

Beeper/Pager _____

Pediatrician's Name/Phone Number _____

Father's Name _____

Father's Work Number _____

Father's Cell Phone _____

Beeper/Pager _____

Additional Emergency Contacts (if applicable)

Name/Relationship/Phone Number
