

# BROOKLYN TREEHOUSE PRESCHOOL | EMERGENCY FORM

Child's Last Name	Child's First Name
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Date of Birth	Gender	Does your child require an EpiPen?
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Child's Doctor's Name	Doctor's Address and Phone Number
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Known Allergies

Special medical considerations

Special emotional considerations

Activity limitations

Other considerations

Parent/Guardian 1	Parent/Guardian 2
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First & Last Name	First & Last Name
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Street Address	Street Address
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Relationship to Child	Relationship to Child
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Home Telephone #	Home Telephone #
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Cell Telephone #	Cell Telephone #
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Work Telephone #	Work Telephone #
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Email	Email
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Primary Emergency Contact (other than parent/guardian)	Alternative Emergency Contact (other than parent/guardian)
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First & Last Name	First & Last Name
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Street Address	Street Address
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Relationship to Child	Relationship to Child
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Home Telephone #	Home Telephone #
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Cell Telephone #	Cell Telephone #
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Work Telephone #	Work Telephone #
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Email	Email
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