



Sunnyvale Parent Preschool

1515 Partridge Avenue Sunnyvale, CA 94087 ♦ (408) 736-8043 ♦ www.sunnyvaleparentpreschool.org

Identification and Emergency Information Teacher's Aide PARTICIPATING ADULT

Name: Last _____ First _____ Middle _____

Address _____ City _____ State _____ ZIP _____

Telephone _____ Birthday _____

Please List a Person We Can Contact in Case of Emergency:

Name: Last _____ First _____ Middle _____

Address _____ City _____ State _____ ZIP _____

Telephone (home) _____ (business) _____ Relationship _____

Additional Local Persons Who May Be Contacted in Emergency

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Physician/Dentist To Be Called In Emergency

Physician _____ Address _____ Telephone _____

Dentist _____ Address _____ Telephone _____

If Physician Cannot Be Reached, What Action Should Be Taken?

_____ Call emergency hospital _____ Other Explain: _____

Date of Last Tetanus _____ Medical Insurance Number _____

Other Medical Information, medications, or illness a doctor should know in case of an emergency:

I hereby acknowledge that I am in good health and able to work with children in the program without restriction.

Signed _____

Date _____