

Living Savior Little Lambs Preschool  
8050 W. Coal Mine Ave.  
Littleton, CO 80123

**PRESCHOOL AUTHORIZATION/EMERGENCY CARD**

For: \_\_\_\_\_  
*(name of student)*

**Parent/Guardian:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Parent/Guardian:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**The following adults are authorized to pick up my child from Little Lambs Preschool:**

**Name** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Name** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Name** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

***Medical Information:***

*Doctor's name* \_\_\_\_\_ *phone #* \_\_\_\_\_

*Doctor's address* \_\_\_\_\_

*Dentist's name* \_\_\_\_\_ *phone #* \_\_\_\_\_

*Dentist's address* \_\_\_\_\_

*Hospital of choice* \_\_\_\_\_ *phone #* \_\_\_\_\_

*Hospital address* \_\_\_\_\_

*Allergies:* \_\_\_\_\_

*Special Medical Instructions:* \_\_\_\_\_

\_\_\_\_\_

***Emergency Contacts:***

*Name* \_\_\_\_\_

*Phone number:* \_\_\_\_\_

*Relationship to child:* \_\_\_\_\_

*Name* \_\_\_\_\_

*Phone number:* \_\_\_\_\_

*Relationship to child:* \_\_\_\_\_

*Name* \_\_\_\_\_

*Phone number:* \_\_\_\_\_

*Relationship to child:* \_\_\_\_\_

***Signed:*** \_\_\_\_\_

***Dated:*** \_\_\_\_\_