



HIDENWOOD PRESBYTERIAN SCHOOL
 414 Hiden Boulevard Newport News, VA 23606
 Phone: 757-595-8351 • Fax: 757-596-4932
 Website: www.hiddenwoodpreschool.org
 Email: hpp@hiddenwood.org

EMERGENCY & IDENTIFICATION FORM

Full Name of Child _____

Name child is called _____

Parent	Home Phone	Cell Phone	Work Phone
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Parent	Home Phone	Cell Phone	Work Phone
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Other persons you authorize to be responsible for your child if we are not able to contact you in case of emergency. You must provide at least 2 names; one may be out of town.

Name	Relationship to child	Work Phone	Cell Phone
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Home Phone	Home Address
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Name	Relationship to child	Work Phone	Cell Phone
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Home Phone	Home Address
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Name	Relationship to child	Work Phone	Cell Phone
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Home Phone	Home Address
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Please list below the names of other individuals who have permission to pick up your child from school.

If someone other than the persons named above will be picking up your child from school, please send a note to the teacher or notify the school office. We cannot accept verbal notification from students.

Please list medical, physical or emotional needs that the staff should be aware of such as allergies, regular medications, deployment and serious illness of child or family member, etc. Please inform us of any family situation regarding custody or visitation.

I understand the school will notify the parent when a child becomes ill, and the parent will arrange to pick up the child as soon as possible. Furthermore, I will notify the school within 24 hours if any member of the child's household has any contagious illness.

 Parent/Guardian Signature

 Date

Please complete the permission and emergency medical care information on the reverse of this form.