



2022-2023 EMERGENCY CONTACTS

I give my permission and/or consent to SonShine Preschool and its staff to secure and authorize such emergency medical treatment as my child might require while in their care.

Child's Name:

Signature of Parent or Legal Guardian:

Date: _____

I understand that in case of an emergency, SonShine Preschool will use its best efforts to immediately notify me, the parent(s). If I am unavailable, the following persons have my permission to care for my child.

Emergency Contacts (please provide 1 person in the Austin area)

Name and Relationship:	Address:	Phone:
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