

Soboba Tribal Preschool

STUDENT EMERGENCY CONTACT FORM

23904 ½ Soboba Rd, San Jacinto, CA, 92583
(951)-487-8732



School Year 2024-2025

STUDENT INFORMATION		
LAST NAME	FIRST NAME	MIDDLE NAME
BIRTHDATE	SEX:	GRADE:
MAILING ADDRESS:		
PHYSICAL ADDRESS:		
CITY	STATE	ZIP
PRIMARY PHONE NO	STUDENT LIVING WITH:	PARENT/GUARDIAN EMAIL FOR CLASS DOJO:

EMERGENCY CONTACT PARENT #1		
LAST NAME	FIRST NAME	RELATIONSHIP
ADDRESS		
CITY	STATE	ZIP
PRIMARY PHONE NUMBER:	WORK PHONE NUMBER:	

EMERGENCY CONTACT PARENT #2		
LAST NAME	FIRST NAME	RELATIONSHIP
ADDRESS		
CITY	STATE	ZIP
PRIMARY PHONE NUMBER:	WORK PHONE NUMBER:	

MEDICAL AND INFORMATION ABOUT STUDENT		
FAMILY DOCTOR:	DOES YOUR CHILD WEAR GLASSES? CIRCLE YES OR NO	CHILD TAKING MEDICATION IF SO NAME OF MEDICATION:
ANY KNOWN ALLERGIES? CIRCLE YES OR NO TO WHAT:		
IS YOUR CHILD HANDICAP? IF SO DESCRIBE:	CHILD BIRTHPLACE:	DO WE HAVE PERMISSION TO GIVE OVER THE COUNTER MEDICATION? ANY MED ALLERGIES?
SIBLINGS AT THE PRESCHOOL:	NAME OF LAST SCHOOL ATTENDED (ADDRESS, CITY, STATE, ZIP) LAST GRADE ATTENDED	

AUTHORIZE RELEASE TO: NAME AND PHONE NUMBER

By signing, I hereby certify that the above information was provided voluntarily and is correct. I understand that in an event of an emergency, the individuals above may be contacted on my behalf.

PARENT SIGNATURE

DATE

