

St. Paul's Preschool Center

2023-2024



Emergency Contact/Medical Information
and Child Pick Up Authorization

CHILD'S NAME: _____ DOB: _____

ADDRESS: _____

PARENT OR LEGAL GUARDIAN - PLEASE INDICATE WHICH NUMBER TO CALL FIRST

NAME: _____

PHONE: _____ CELL: _____

HOME ADDRESS: _____ EMAIL: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ PHONE: _____

PARENT OR LEGAL GUARDIAN - PLEASE INDICATE WHICH NUMBER TO CALL FIRST

NAME: _____

PHONE: _____ CELL: _____

HOME ADDRESS: _____ EMAIL: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ PHONE: _____

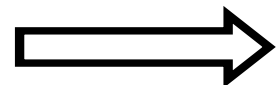
I, _____, authorize St. Paul's Preschool to release my child(ren) to the person(s) designated. This is in agreement with the St. Paul's Preschool Emergency Plan and car pool arrangements. (*denotes emergency contact and only the person(s) designated with an * may act on my behalf).

Must have at least two. Complete information required.

* NAME	ADDRESS	PHONE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

YOUR SIGNATURE **DATE** **RELATIONSHIP**

Please complete both sides



Child Emergency Medical Information

CHILD'S PRIMARY PHYSICIAN

NAME: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

CHILD'S HEALTH INSURANCE PLAN _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

SUBSCRIBER'S NAME AS IT APPEARS ON THE INSURANCE CARD _____

POLICY # _____ GROUP# _____

SPECIAL CONDITIONS, DISABILITIES, DIETARY, ALLERGY OR MEDICAL INFORMATION

IS YOUR CHILD RECEIVING ANY SPECIAL SERVICES (EG. INTERMEDIATE UNIT)? _____ YES _____ NO

IF YES, YOU MUST SUBMIT A COPY OF THE MOST RECENT IFSP OR IEP. PLEASE LIST THE SPECIALIST(S) WHO WORK WITH YOUR CHILD (OCCUPATIONAL, PHYSICAL, SPEECH,...)

PARENT/LEGAL GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES

As a parent/legal guardian, I give my consent to have my child receive first aid by facility staff. I give my permission for St. Paul's to call 911 to obtain further emergency care and transportation if necessary. I authorize St. Paul's to release all medical or emergency information in such a situation. I understand that I will be responsible for all of the charges. I give consent for the emergency contact person(s) (denoted with *) listed above to act on my behalf until I am available. I agree to review and update the information whenever a change occurs and at least every 6 months.

SIGNATURE: _____

DATE: _____

EXTENDED HOURS: 6 MONTH UPDATE- _____

INITIAL & DATE: _____

I hereby give my consent for my child to be photographed during school activities and have the pictures or power point displayed at the center, Church, newsletters, or on the St. Paul's websites and Facebook pages, or workshops and in the community (Warrington Day, Warwick Day). It is our policy not to publish a child's name with the photograph. Also, I hereby give my consent for my child to participate in walks that do not cross the streets.

SIGNATURE: _____

DATE: _____