Meredith Drive Preschool 2020-21

Emergency Information

Class (check one) ☐ **2A** ☐ **2B** ☐ **3B** ☐ **3C** ☐ **4A**

Child's Name _____ Birth Date _____ ☐ M ☐ F

Address _____ City _____

Zip _____ Home Phone _____ School District _____

Mom's name _____ Cell # _____ Work # _____

Dad's name _____ Cell # _____ Work # _____

Primary email (please print clearly) _____

Secondary email (optional) _____

Health insurance information

Insured's name _____ Employer _____

Insurance Co. _____ Policy/Group# _____

Health provider information – please complete *all* blanks

Doctor's Name _____ Phone _____

Address _____

Dentist's Name _____ Phone _____

Address _____

Hospital preference _____

Any known allergies? (food, environmental or medical) _____

Medical concerns or medications? _____

Any challenges or concerns? (developmental delays, speech, hearing, vision, physical or behavioral concerns)

_____

By signing below I:

- understand that every effort will be made to reach me in the event of an emergency. I authorize the personnel of Meredith Drive Preschool to secure emergency medical and dental treatment as deemed necessary and for emergency transport by staff or other emergency contacts. I agree to assume financial responsibility for all expenses related to this treatment.
- agree that Meredith Drive Preschool is not liable for any illness the child sustains during his/her time at the preschool. I agree to assume financial responsibility for any medical costs.
- give permission for preschool staff to photograph my child for preschool's informational/promotional purposes. I understand my child's name would never be connected to their photo. If not, initial here _____.
- give consent for my child's and my name/address/phone/email for a roster to distribute to the class. Mom's cell phone is the default, if you prefer another number note it here _____.

By typing my name below, I certify that I am the parent or legal guardian of the child for whom this form has been completed and that I have the legal authority to make decisions for this child.

_____ _____

Signature of parent/guardian **Date**

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Emergency Contacts, Pick-Up Permission and Child Care Information

Two local emergency contacts in case parents cannot be reached

Name _____ Relationship _____

Home phone _____ Cell # _____

Name _____ Relationship _____

Home phone _____ Cell # _____

Names of people, other than parents and emergency contacts, who may pick up your child from preschool:

Name	**Relationship**	**Cell #**

Name/relationship of persons, if any, who may specifically ***not*** pick up your child?

_____

If there is a separation or divorce custody situation of which we should be aware, please explain:

_____

- I give permission for my child to leave preschool with the people, other than parents, named above. I assume responsibility to notify the preschool, in writing, of any changes.
- I give permission for my child to take walks with the preschool staff around the property.
- I understand that I need to notify the preschool in writing for each situation when my child is to leave preschool with someone out of the ordinary. If these people are unknown to preschool staff, they will be asked to show a photo ID.

By typing my name below, I certify that I am the parent or legal guardian of the child for whom this form has been completed and that I have the legal authority to make decisions for this child.

_____ _____

Signature of parent/guardian **Date**

Child Care Information

Complete this section only if your child is cared for by someone other than parent or guardian. Please notify us if there is a change in your child's care.

Child care provider's name:_____ Phone #:_____