

Emergency Information

PLEASE PRINT

Child's Name _____ Date of Birth _____

Father _____

Address _____

Phone Numbers: Work _____ Home _____

Cell _____ Pager _____

Email _____

Mother _____

Address (if different) _____

Phone Numbers: Work _____ Home _____

Cell _____ Pager _____

Email _____

Emergency Contacts

Please list two local individuals to contact in case of emergency if the parents cannot be reached.

Name _____ Phone _____

Name _____ Phone _____

Name of doctor _____ Phone _____

I give permission for my child, _____, to be treated or transported in case of an emergency.

Signature of Parent/Guardian

Date

Field Trip Permission

I give permission for my child, _____, to take field trips outside the Playschool neighborhood with his/her class during the 2010-2011 school year. I understand that notice will be posted or sent home regarding field trips. S/he also has my permission to take walking trips in the Playschool neighborhood with the preschool/child care class.

Signature of Parent/Guardian

Date

Child Release Information

Child's Name _____

Parent's/Guardian's Name(s) _____

Please list below the names and phone numbers of people (other than the child's parents/guardians) who are authorized to pick up your child from Little Forest Playschool.

<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Little Forest prefers that you notify us on the day that anyone on this list will pick up your child.

Please come to the office when you need to add individuals to this list. Under no circumstances will a child be released to anyone who is not on this list. For the safety of the children, staff may ask unfamiliar individuals to present identification.

Signature of Parent/Guardian

Date