

# First Church Preschool Emergency Contact Information / Authorization Form

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Mom \_\_\_\_\_

Cell Dad \_\_\_\_\_

Mom's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mom's work address: \_\_\_\_\_

Dad's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Dad's work address: \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Persons to call in an emergency if parents/guardians cannot be reached. These people will be responsible for your child if parents/guardians are not available.

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

My signature below authorizes any licensed physician to provide any proper emergency treatment in the event of an emergency to my child. I understand that this authorization is given prior to any need for medical care and is given to avoid any necessary delay for emergency treatment which the physician may deem advisable. I assume a reasonable attempt will be made to contact me. I also authorize First Church Preschool to arrange for emergency transportation either through 911 or through the preschool to the nearest medical facility.

\_\_\_\_\_  
\*Parent's / Guardian Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

## Authorization to Pick Up

Below are the names of those who may transport my child to and/or pick up from the First Church preschool in my stead. I will notify First Church Preschool staff in writing on any day that I will not be picking up my child myself. The people indicated below may be required to show a photo identification (driver's license) for us to release your child to them.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
\*Parent's / Guardian Signature

\_\_\_\_\_  
Date

-OVER-

## Permission to Photograph/Videotape

My signature below serves as my permission and consent for staff of First Church Preschool to photograph my child for educative purposes.

\_\_\_\_\_  
\*Parent's / Guardian Signature

\_\_\_\_\_  
Date

## E-Mail Contact

Please provide us with at least one e-mail address for sending school notices/communications. It should be an e-mail address you use regularly, as important information is sent this way.

1. \_\_\_\_\_

2. \_\_\_\_\_

## School Wide Directory

Please indicate below if you would like to have your contact information published in a school wide Directory. All those who wish to participate will receive a copy of the directory. Please note, if you join our school mid-year, you will not be published in the directory, however, you will receive a copy of it.

Yes, I would like to participate \_\_\_\_\_ No, I would not like to participate \_\_\_\_\_

## Permission to Take Walks

I grant permission to have my child accompany his/her teachers and classmates on walks from the school within the surrounding area, including Binney Park and the Perot Library.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date