



# Emergency Page & Permission Slip

PLEASE MAKE SURE TO FILL THIS FORM OUT COMPLETELY - THIS IS OUR ONLY WAY TO CONTACT YOU IF WE HAVE TO EVACUATE THE BUILDING.

Child's Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

### Emergency Contacts

Parent or Guardian	Work #	Home#	Cell #
1.			
2.			

Others to be contacted in the event we cannot reach either parent or guardian in case of emergency:

Name	Work #	Home#	Cell #
1.			
2.			
3.			

### Out of State Contact for Local Emergencies

Name	Work #	Home#	Cell #
1.			
2.			

Child's Physician: \_\_\_\_\_ Child's Dentist \_\_\_\_\_  
Name Phone Name Phone

Please list any special considerations, such as custodial/ non-custodial, etc. (Note: to prohibit a biological parent from picking up a child we must have a copy of the restraining order): \_\_\_\_\_

### List all persons authorized to pick up your children and sign incident reports:


### Authorization for Emergency Medical Care

I hereby authorize the director or staff representing The Avenues Preschool, The Second Avenues Preschool, The Eastside Preschool or The Cottonwood Preschool to give consent for necessary emergency medical care, including transportation to medical care, for my child \_\_\_\_\_ while said child is in the custody of the preschool.

### Personal Information

Child's Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Medical conditions and allergies: \_\_\_\_\_

### Permission Slip

I, \_\_\_\_\_ do hereby give my permission for my child, \_\_\_\_\_, to participate  
Parent/Guardian's Name

in all outings and activities, both on site and off, of The Avenues Preschool, The Second Avenues, The Eastside Preschool and The Cottonwood Preschool. This permission includes transportation to and from scheduled activities, including walking excursions to parks and playgrounds. I retain the right to withhold my child from any of the above activities, if I so desire. I do realize that the staff will do everything in their power to protect my child during all activities, however; I will not hold them responsible for accidents.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place 1 copy in Emergency book, copy to the teachers and 1 copy in child's enrollment file