



AUGUSTANA PRESCHOOL EMERGENCY INFORMATION

(State law requires that ALL questions in this section be completed before child begins preschool)

Child's Name: _____ Birth Date: _____

Address: _____ Phone #: _____

Parent/Guardian Name: _____ Work # _____ Cell # _____

Place of Employment: _____ Email _____

Parent/Guardian Name: _____ Work # _____ Cell # _____

Place of Employment _____ Email _____

Emergency Contacts/Authorized Pick-up: Persons authorized to assume temporary responsibility and transportation when parent(s) cannot be reached in an emergency or non-emergency situation. **MUST PROVIDE TWO (LOCAL). DO NOT LIST A PARENT.**

1. Name: _____ Phone # _____

Address _____ City/State/Zip: _____

Relationship to child _____

2. Name: _____ Phone #: _____

Address: _____ City/State/Zip _____

Relationship to child _____

AUTHORIZATION: I authorize Augustana Preschool staff to take whatever emergency measures are necessary for the care and protection of my child. The parent or guardian will be contacted if possible. I understand this may involve calling 911 or contacting emergency resources before the parent. If the child must be transported it is at the cost of the parent/guardian.

Physician/Clinic Name: _____ Family Dentist _____ Hospital _____

Address: _____ Address: _____ Address: _____

City/State/Zip _____ City/State/Zip _____ City/State/Zip _____

Phone # _____ Phone # _____ Phone# _____

Allergies: _____ Medications: _____

MEDICAL INSURANCE INFORMATION:

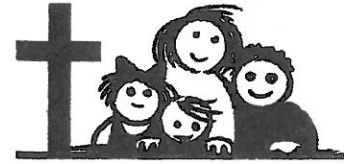
Provider: _____ Policy Number: _____

Policy holder: _____

Signature of Parent/Guardian: _____ Date: _____

Child is enrolled in: 3's: T/TH 9:00 – 11:30am or T/TH 9:00 – 12:30pm
4's: M/W/F 9:00 – 11:30am or M/W/F 9:00 – 1:00pm or M - F 9:00 – 11:30am or M-F 9:00-1:00PM

For Office Use Only: Individualized Child Care Plan on site? _____ Allergy Action Plan on site? _____



Permission Agreement

Regarding Curbside Drop-off:

I give permission for my child to be brought to the classroom by a preschool staff member. I understand my child will be met at the east driveway 5 minutes before class begins and if we are not there by that time, I am responsible for bringing my child to the classroom. Initial OK _____

Regarding Walks:

_____ has my permission to take walks outside with his/her class during the current school year. In all cases, these walks will be completed during the normal school hours.

Initial OK _____

Regarding pick up of my child:

I have completed an emergency card which lists those individuals who may pick up my child. I understand that for anyone not listed to be able to pick up my child, I will need to send a signed and dated note. Initial OK _____

Regarding photographs/Videos:

_____ may have his/her picture/video taken during the school year for school use such as a scrapbook, class projects, end of the year Power Point, school brochures, private Shutterfly, individual and composite class picture by Lifetouch Photography, social media or news releases without compensation. Photos may be used on the Augustana web site-preschool link and /or Facebook without names listed. I understand that the photos/videos will not be used for research or sold by the school to any outside entity. Initial OK _____

Nurse consultant:

I give my permission for the nurse consultant assigned to Augustana Preschool to look at my child's health records during the annual program review. Initial OK _____

Regarding Discussions with Local School Districts:

I hereby grant permission for the Director of Augustana Preschool or my child's teacher to discuss my child's development with school professionals from my child's district of residence. Initial OK _____

Regarding Parent Handbook

I agree to read through the Augustana Preschool Parent Handbook when received in September prior to the start of the school year to refer to and abide by the policies and procedures stated within throughout the school year. Initial OK _____

Parents/Guardian Signature

Date

Please Note: If there any of the above sections that you did not initial OK for permission, please contact the director to discuss and clarify prior to the start of Fall classes.