

TRINITY PRESBYTERIAN PRESCHOOL

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

CHILD INFORMATION			
Child's Name: _____	Date of Birth: _____		
Medications: _____			
Allergies to: (food/drugs) _____			
Parent/Guardian Name: _____			
Home Address: _____			
Phone Number:	Home: _____	Cell: _____	Office/Other: _____
Child's Physician or Immediate Care Center _____		Phone # _____	
Preferred Hospital or Emergency Room: _____ (ex. Baptist, Norton Children, U of L Medical)			
Insurance Company _____			
Policy # _____		Policy Holder _____	

EMERGENCY CONTACTS (if parents cannot be reached)		
Name	Phone #	Relationship to child

EMERGENCY MEDICAL TREATMENT AUTHORIZATION: In case of a medical emergency involving the minor listed above, I request the doctor/dentist/hospital staff to contact me or my spouse at the numbers provided. **In the event that my spouse or I cannot be reached,** I grant written permission to the Director at Trinity Presbyterian Preschool or their designee, to authorize the appropriate medical/dental/hospital personnel to render emergency medical care which is deemed appropriate. Trinity Presbyterian Preschool and/or its employees will not be held responsible for a medial emergency due to false information or lack of updated information. I (we) agree to pay for the treatment and medication received by said child, and release Trinity Presbyterian Preschool from all claims or liability arising from said emergency medical treatment.

Parent/Guardian Signature

Date

**TRINITY PRESBYTERIAN PRESCHOOL
EMERGENCY / DISASTER PREPAREDNESS FORM**

Child's Name _____
First Middle Last Name

Date of Birth ____ / ____ / ____
(mm / dd / yy)

Address _____
Street Address City, State, Zip Code

Medications taken by child: _____

Known Medical Conditions: _____

Date of Last Tetanus Shot: _____

Allergies to (food/drugs): _____

Child's Physician or Immediate Care Center: _____ Phone # _____

FATHER'S INFO	MOTHER'S INFO
Name	Name
Phone #'s	Phone #'s
Email Address	Email Address
Employer	Employer

EMERGENCY CONTACTS (if parents cannot be reached)		
Name	Phone #	Relationship to child

PEOPLE AUTHORIZED TO PICK UP CHILD (DAILY)		
Name	Phone #	Relationship to child

Is there anyone with court ordered restricted access to the child? If yes, please list names of people NOT allowed to pick up:	YES NO (please circle one)
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In the event of an EMERGENCY requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at Trinity Presbyterian Preschool to have your child transported to that hospital.

Parent/Guardian Signature Date

TRINITY PRESBYTERIAN PRESCHOOL CARPOOL AUTHORIZATION FORM

CHILD'S FULL NAME

First

Middle

Last Name

This child has my permission to be picked up from Trinity Presbyterian Preschool by the people listed below:

FATHER'S INFO	MOTHER'S INFO
Name	Name
Phone #'s	Phone #'s

In the event of an **emergency**, the following people are allowed to pick up my child:

NAME	PHONE #	RELATIONSHIP

I plan to **carpool** on a **regular basis** with the following students:

STUDENT'S NAME

We keep a carpool directory in the office for parents to look through when needing carpool options. If you do NOT wish to be listed in this directory, please check this box.

☐

Are there custody issues, or individuals a court has ordered no contact with the child? YES NO

If so, please list names of the people NOT allowed to pick up the child:

By signing below, you agree that you have received a copy of the Carpool Procedures for Trinity Presbyterian Preschool and agree to follow them.

Parent/Guardian Signature

Date

Trinity Presbyterian Preschool affirms its commitment to cultural diversity, and its program is available to all children of preschool age, without regard for race, sex, religion, or national origin.

**TRINITY PRESBYTERIAN PRESCHOOL
ALLERGIES, PHOTO/VIDEO, AND HANDBOOK FORM**

CHILD'S FULL NAME

First

Middle

Last Name

ALLERGY INFORMATION

Trinity Presbyterian Preschool strives to provide a safe environment. Please complete this allergy information section and address any health concerns your child may have due to food allergies.

DOES YOUR CHILD HAVE FOOD ALLERGIES?

Circle One: YES NO

MY CHILD IS ALLERGIC TO:

**DO YOU GIVE PERMISSION FOR YOUR CHILD TO
EAT SNACK AT SCHOOL?**

Circle One: YES NO

**DUE TO PERSONAL OR RELIGIOUS BELIEFS MY
CHILD CANNOT EAT THE FOLLOWING FOODS:**

PHOTO/VIDEO AUTHORIZATION

Photos/videos are taken (by our staff) throughout the year during classroom activities. These are used in school emails, displays, parent gifts, our website, and social media pages. For safety reasons, photos taken by family or friends at Trinity Presbyterian Preschool may not be posted on the internet or any social media site such as Facebook.

**CAN WE TAKE PHOTOS/VIDEOS OF YOUR CHILD AS HE/SHE
PARTICIPATES IN ACTIVITIES AT OUR PRESCHOOL?**

Circle One: YES NO

PARENT HANDBOOK

The Parent Handbook is utilized as a means of communication between the home and school. There are many preschool policies and procedures discussed in the handbook. We hope that it will be helpful in providing you with important information about our program. If you have further questions, please contact the preschool at (502) 244-0054.

DID YOU RECEIVE AND READ A COPY OF THE PARENT HANDBOOK?

Circle One: YES NO

Parent/Guardian Signature

Date