

TRINITY PRESBYTERIAN PRESCHOOL
EMERGENCY / DISASTER PREPAREDNESS FORM

Child's Name _____ **Date of Birth** _____ / _____ / _____
 First _____ Middle _____ Last Name _____ (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?	YES	NO	(please circle one)
If yes, please list names of people NOT allowed to pick up:			

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

TRINITY PRESBYTERIAN PRESCHOOL PERMISSION AND RELEASE FORM
2025 - 2026 SCHOOL YEAR

CHILD'S FULL NAME _____

First

Last

PLEASE READ CAREFULLY AND INITIAL EACH LINE

_____ I give permission for my child to use all of the play equipment and participate in all the activities of the school.

_____ I give permission for my child to walk to other areas on the school and church premises.

_____ I give permission for my child to participate in programs and activities provided by the staff of Trinity Presbyterian Preschool and at their discretion (i.e. music, chapel, nature walks, etc.)

_____ I give permission for my child to leave the school premises under the supervision of a staff member for field trips or in the case of an emergency.

_____ I give permission for the staff of Trinity Presbyterian Preschool to take videos and/or photos of my child. 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 the school may not be posted on the internet or any social media site such as Facebook or Instagram.

_____ I give permission for my child to participate in activities where there may be animals brought into the classroom or facility.

_____ I give permission for the staff members of Trinity Presbyterian Preschool to take any steps necessary to obtain medical care for my child. I understand the following steps will be taken:

1. The school will attempt to contact a parent or guardian
2. If the school is unable to reach a parent or guardian, a staff member will transport my child to an emergency hospital.
3. I agree to pay for the treatment and medication received by my child, and release Trinity Presbyterian Preschool from all claims or liability arising from the emergency medical treatment.
4. The school will not be responsible for anything that may happen as a result of false information or information that has changed, and an update is not given to the school office.
5. I will not hold Trinity Presbyterian Preschool, any member of its staff, or Board of Directors liable in the case of accidental injury while at school.

Parent/Guardian Signature

Date

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)	Phone#		
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 medical 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