



Pudding Hill

PRESCHOOL

Authorization & Consent

Please review carefully and return to the office

Student Information

Student's Name: _____

Preferred Name: _____

Date of Birth: _____

Parent or Guardian/Information

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Cell/Home Phone: _____ Work Phone: _____

Employer: _____

Do not publish in family directory

Parent or Guardian/Information

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Cell/Home Phone: _____ Work Phone: _____

Employer: _____

Do not publish in family directory

PRIMARY EMERGENCY CONTACT

To be contacted in the event of an emergency if parents cannot be reached

Name: _____

Cell Phone: _____

Work Phone: _____

Street Address: _____

City: _____ ST: _____ Zip: _____

Pick Up Authorization

Check the box next to the person(s) to contact in the event of an emergency if the primary emergency contact cannot be reached.

Contact in Case of Emergency?: Yes No

Name: _____

Cell/Home Phone: _____

Street Address: _____

City: _____ ST: _____ Zip: _____

Pick Up Authorization

Check the box next to the person(s) to contact in the event of an emergency if the primary emergency contact cannot be reached.

Contact in Case of Emergency?: Yes No

Name: _____

Cell/Home Phone: _____

Work Phone _____

Street Address: _____

City: _____ ST: _____ Zip: _____

Pick Up Authorization

Check the box next to the person(s) to contact in the event of an emergency if the primary emergency contact cannot be reached.

Contact in Case of Emergency?: Yes No

Name: _____

Cell/ Home Phone: _____

Work Phone _____

Street Address: _____

City: _____ ST: _____ Zip: _____

Pick Up Authorization

Check the box next to the person(s) to contact in the event of an emergency if the primary emergency contact cannot be reached.

Contact in Case of Emergency?: Yes No

Name: _____

Cell/Home Phone: _____

Work Phone _____

Street Address: _____

City: _____ ST: _____ Zip: _____

Transportation Plan and Authorization

MY CHILD WILL ARRIVE AT Pudding Hill by:

PRIVATE TRANSPORTATION ARRANGED BY PARENT

OTHER _____

MY CHILD WILL DEPART FROM Pudding Hill by:

PRIVATE TRANSPORTATION ARRANGED BY PARENT

OTHER _____

Pudding Hill Preschool

Medical Information & Releases

Health Insurance Provider: _____ Phone: _____

Policy No.: _____ Subscriber Name: _____

Doctor: _____ Address: _____ Doctor's Phone: _____

ALLERGIES: _____ DIET RESTRICTIONS: _____

Medical Conditions:

A Doctor's Medical Authorization must be on file in order for a teacher to dispense medication.

MEDICATION

New Students: A physical form with updated immunizations, chicken pox information, and a lead screening is required before entry to school. For returning students a physical is required each year, We must have a current physical on file.

Dentist: _____ Address: _____ Phone: _____

Identifying Marks: _____

Medical Release: I understand that every effort will be made to contact me in the event of an emergency requiring medical attention. However, if i cannot be reached, I hereby authorize the personnel selected by Pudding Hill to transport my child to a hospital*, and to secure for my child the necessary medical treatment as determined by the Emergency Medical Team. I understand the teachers in the school are trained in CPR and First Aid and I authorize them to give my child first aid when appropriate. I will not hold Pudding Hill responsible in such event(s). *Please note: By law, we are required to transport an injured/sick child to the nearest hospital, we cannot honor any wishes to utilize another hospital in an emergency.

Photo Release: Pudding Hill has my permission to photograph my child and family during school functions and use these photos for school-related activities, posters, website, Facebook, brochures, newspaper publicity and the Pudding Hill Facebook page. I understand "family" to include any and all guests I invite to school functions.

Privacy Release: I authorize Pudding Hill to print my name, address, and phone number in a directory for the use of parents to organize volunteers, set up play dates, mail invitations to, and/or arrange for car pooling.

Release for Field Trips: Pudding Hill has my permission to transport my child to and from school, during school hours, to specific destinations by modes of transportation that the school deems reasonable (cars with seat belts or buses). You will receive prior notification of each field trip.

Observation Release: I give my permission to Pudding Hill to permit the presence of routine observers in my child's classroom. I understand that these may include administrative and teaching personnel. I also understand that there may be other professional and parent observers, whose purpose is to learn from the structure and staff of Pudding Hill.

SIGNATURE

Date