



Pudding Hill

PRECHOOL

Authorization & Consent

Please review carefully and return to the office

Student Information

Student's Name _____ Preferred Name: _____

Date of Birth _____ Age at Admission _____ Date of Admission _____

Primary Language _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

Name: _____ Relationship to Student: _____

Address: _____ City: _____ Zip: _____

Cell/Home Phone: _____ Work Phone: _____

Email: _____ do not publish in family directory

Parent/Guardian Information

Name: _____ Relationship to Student: _____

Address: _____ City: _____ Zip: _____

Cell/Home Phone: _____ Work Phone: _____

Email: _____ do not publish in family directory

Primary Emergency Contact

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

Name: _____ Relationship to Student: _____

Address: _____ City: _____ Zip: _____

Cell/Home Phone: _____ Work Phone: _____

Pick Up Authorization

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

Contact in case of emergency?: Yes No

Name: _____ Relationship to Student: _____

Address: _____ City: _____ Zip: _____

Cell/Home Phone: _____ Work Phone: _____

Pick Up Authorization

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

Contact in case of emergency?: Yes No

Name: _____ Relationship to Student: _____

Address: _____ City: _____ Zip: _____

Cell/Home Phone: _____ Work Phone: _____

Pick Up Authorization

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

Contact in case of emergency?: Yes No

Name: _____ Relationship to Student: _____

Address: _____ City: _____ Zip: _____

Cell/Home Phone: _____ Work Phone: _____

Pick Up Authorization

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

Contact in case of emergency?: Yes No

Name: _____ Relationship to Student: _____

Address: _____ City: _____ Zip: _____

Cell/Home Phone: _____ Work Phone: _____

Transportation Plan and Authorization

My child will arrive at Pudding Hill by:

- Private transportation arranged by parent
- Other _____

My child will depart Pudding Hill by:

- Private transportation arranged by parent
- Other _____

Medical Information

Health Insurance Provider: _____ Phone: _____

Policy #: _____ Subscriber Name: _____

Child's Physician: _____ Phone: _____

Address: _____

Allergies/Diet Restrictions: _____

Medical Conditions: _____

Medications: _____

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

A Physical form with updated immunizations, chicken pox information, and a lead screening is required before entry to school. This record is valid for one year from the date the child was examined and must be renewed annually thereafter.

Dentist: _____ Phone: _____

Please initial beside each paragraph to indicate that you have read and understand each statement.

_____ **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, brochures, newspaper publicity. I understand "family" to include any and all guests I invite to school functions. Please contact Pudding Hill Preschool in writing if you DO NOT want your child's photograph used in Pudding Hill material.

_____ **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.

_____ **Acknowledgment of Receipt of Parent Handbook -** I acknowledge that I have access to a copy of Pudding Hill Preschool's parent handbook as well as the Commonwealth of Massachusetts Department of Early Education and Care's Family Involvement Information Letter. Our parent handbook can be found on our website. If you prefer to have a paper copy of our handbook, please stop by our office.

SIGNATURE _____ **Date** _____