

Emergency Information

Class _____

Child's Name: _____

Date of Birth _____

Child's Address: _____
Street, City, and Zip code

Mother/Guardian: _____ Address: _____

Cell Phone: _____ **Email:** _____

Father/Guardian: _____ Address: _____

Cell Phone: _____ **Email:** _____

Mother Employment: _____ Work Hours: _____ **Work Phone:** _____

Father Employment: _____ Work Hours: _____ **Work Phone:** _____

People to be called in an emergency if unable to reach a parent (these people are authorized to pick up)

Name: _____ Relationship to Child: _____ Phone: _____

Address: _____

Name: _____ Relationship to Child: _____ Phone: _____

Address: _____

Medical Information

Child's Physician: _____ Phone: _____

Physician's Address: _____

Hospital you want child transported to: _____ Phone: _____

Hospital Address: _____

Child's Dentist: _____ Phone: _____

Dentist Address: _____

Source of Dental Emergency Care: _____ Phone: _____

Address: _____

MEDICAL EMERGENCY AGREEMENT

I authorize Roseville Lutheran Nursery School to take whatever emergency medical measures are deemed necessary for the care and protection of my child. I understand that this may involve calling 911 and may involve transporting my child to _____ hospital (Parent/Guardian choice). I understand I will be notified as soon as possible. I will assume the financial responsibility fully for acts by RLNS and other medical professionals if such a situation should arise.

I HAVE READ AND CONCUR WITH THIS EMERGENCY CARE POLICY

Parent/Guardian signature

Date _____

(Over)

**ROSEVILLE LUTHERAN WILL NOT ALLOW ANY CHILD TO BE A PART OF RESEARCH OR
EXPERIMENTAL PROCEDURES WITHOUT PARENTAL CONSENT.**

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PERSONS NOT AUTHORIZED TO PICK UP MY CHILD

Under no circumstances will a child be released to anyone not known to the school without authorization from parents or guardian. If someone other than the regular person is picking up your child, we request a note from you stating to whom we should release your child. Please list any persons specifically **not authorized** to pick up your child.

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FIELD TRIP AUTHORIZATION:

I give my permission for my child to participate in supervised walking excursions. I understand I will be notified in advance of the date and destination of other field trips so that I might withhold my child from any field trip.

_____ Date _____
Parent/Guardian signature

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PHOTO PERMISSION

I give my permission to Roseville Lutheran Nursery School to take photographs and/or videos of my child for the following purposes:

(Please circle Yes or No and sign below)

Yes or No To use in classroom and preschool center for class books, slide shows, bulletin boards, etc.

Yes or No To use in newsletters

Yes or No To use in the school handbook or brochures

Yes or No To use on the Preschool website and Facebook page *(please note we will Not put your child's name, personal address, e-mail, and phone number with image online or for any advertisements like brochures.)*

_____ Date _____
Parent/Guardian signature

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