

**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:** \_\_\_\_\_

**Emergency Contacts – List two people to be called in an emergency if unable to reach a parent (these people are authorized to pick up). If need to list more, attach sheet of add'l contacts.**

1) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Medical Information**

Child's Physician/Clinic: \_\_\_\_\_ 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 \_\_\_\_\_

**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, 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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