

**I give permission for:**

No  Yes The publication and use of my child's artwork, writings or photography. This may include media displays or website.  
(No personal information will be used.)

**CONTACTS:** Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship to Child	Address	Phone Number

Persons NOT authorized to pickup my child \_\_\_\_\_

Mother Signature \_\_\_\_\_ Date \_\_\_\_\_

Father Signature \_\_\_\_\_ Date \_\_\_\_\_

**HEALTH CARE NEEDS:** For any child with health care needs such as allergies, asthma, or chronic conditions that require specialized health services, a medical plan must be attached to the application. The medical plan must be completed by the child's parent or health care professional. Is a medical plan attached?  Yes  No

List any allergies and the symptoms and type of response required for allergic reactions: \_\_\_\_\_

List any health care needs or concerns (Including but not limited to chronic illnesses, physical disabilities, and dietary restrictions), symptoms and the type of response required: \_\_\_\_\_

List any particular fears or unique behavior characteristics the child has: \_\_\_\_\_

List any types of medication taken for health care needs not already listed above: \_\_\_\_\_

Share any additional information that has a direct bearing on assuring safe medical treatment for your child: \_\_\_\_\_

**EMERGENCY MEDICAL CARE INFORMATION**

Name of health care professional \_\_\_\_\_ Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_ Medical Ins. Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Exp. Date \_\_\_\_\_

I, as the parent/guardian, authorize Christian Family Preschool to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Christian Family personnel agree to contact EMS and if needed provide transportation to an appropriate medical resource in the event of emergency. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_