

Parental Consents and Releases

Emergency Medical Care:

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. If I cannot be reached, I authorize Smith Mills Weekday School and /or a faculty member to have my child transported to the nearest hospital (St. Lukes) or medical center, and to secure the necessary medical treatment for my child.

Parent/Guardian Signature: _____ Date: _____

First Aide /CPR

I authorize the faculty of Smith Mills Weekday School who are trained in the basics of first aid/CPR, to give my child first aid/CPR when appropriate or in an emergency.

Parent /Guardian Signature: _____ Date: _____

Field Trips/Walks in Neighborhood/Anderson Way

I give permission for my child to join the teachers and class on walking field trips. The trip may include walking to the Pond, the Elderly Housing Complex or a walk to grassy area; all are on Anderson Way. I release Smith Mills Weekday Nursery School and its staff from liability in case of accident during activities as long as normal safety procedures have been taken.

Parent/Guardian Signature: _____ Date: _____

Photographs/Videotapes

I give permission for my child to be photographed at school, during program functions and field trips. I understand that the photographs may be taken by faculty and or staff member or by other parents. Photos may be used for promotional and display purposes related to school activities including but not limited to our Web Site, Bulletin Boards, class books etc... Local Newspapers may cover events at our school; I give permission for my child to be photographed at these events

- Yes to all - Parent Guardian Signature: _____ Date: _____
- Yes to some with the following restrictions:

Parent/Guardian Signature: _____ Date: _____

School Directory (Phone/Address/Email) Class List Contact Information

I give Smith Mills Preschool permission to include my child's name and contact information (address/Phone/Email/Parent/Guardian Name) in our school directory and classroom lists. This information is available to our families, faculty and or staff members only. Yes No

Parent/Guardian Signature: _____ Date: _____

Medical Authorization

I authorize Smith Mills Weekday Nursery and or its staff to apply the topical, non-prescription medications listed below, as needed, according to the dosage instructions on the medication container.

Sunscreen (provided by parent/guardian labeled with child's name Yes No

For any other non-prescription medication not listed, if permitted by state licensing, I will provide written authorization for faculty and or staff member to administer the medication in accordance with written instruction from myself or the child's health care professional as required. I agree to provide any medication or supplies needed.

For any prescription medication I will provide written dosage and frequency instructions from the child's health care professional (and also my written authorization, required by state licensing) and will provide the medication in its original container with the pharmacist's label.

Parent/Guardian Signature: _____ Date: _____

Child Enrollment Sheet

Child Information					
Child First Name		Child's Last Name		Nickname	
Child's Home Address				Primary Language	
M/F	Date of Birth	Weight	Race(optional)	Hair Color	Eye Color
Age at Admission (How old your child was when they started at our school)			Date of Admission (Date your child started at our school)		
Identifying Marks					
Allergies/Special Conditions					
Who has legal custody of the child? <i>(If any custody agreement or court order is in effect, please supply copy of latest order for our file upon enrollment)</i>					
Describe & Submit any early intervention, special physical or emotional limitation requests, and or IEP documentation:					
Individual Health Plan/Chronic Illness or other medical conditions:					
Medications regularly taken and possible side effects:					
Dietary Restrictions or Special Diets:					
PARENT/GUARDIAN IFORMATION					
Parent/Guardian Name			Parent/ Guardian Name		
Home Phone			Home Phone		
Home Address			Home Address		
Cell Phone			Cell Phone		
Work Phone	Hrs at Work		Work Phone	Hrs at Work	
Name of Business			Name of Business		
Email Address			Email Address		
Work Address			Work Address		

Physician /Medical Information/Authorization of Care

Medical Information	
Hospital/Clinic Preference	
Physician's Name	Phone Number
Address	
Insurance Company	Policy Number
Allergies Special Health Considerations	
Dental Information	
Name of Dentist	
Address	Telephone
<p>I authorize all medical and surgical treatment, XRAY, laboratory, anesthesia and other medical and or hospital procedures as may be performed or prescribed by the attending physician and or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency</p> <p>Parent/Guardian Signature: _____ Date: _____</p>	
<p>Transportation: I understand that transportation is provided by parents/guardians or designee and this has been arranged for prior to the start of school. It is the responsibility of said person to drop off and or pick up my child in times agreed to. The person dropping off the child, must sign in and out child and deliver child to his or her teacher. If drop off/pick up person changes, it is my responsibility to notify the office and provide the required documentation needed to release.</p> <p>Parent /Guardian Signature _____ Date: _____</p>	
<p>In case of medical or other emergencies while my child is under the school's supervision, I understand that a faculty or staff member will attempt to contact me immediately: However , in the event that I cannot be reached, or when a delay would further jeopardize my child's health, I hereby authorize and authorized Smith Mills Weekday Nursery School to act on my behalf and take the emergency measures indicated below if deemed necessary by Smith Mills Weekday Nursery School or by attending medical authorities for the care and protection of my child, _____(child's names):</p> <ul style="list-style-type: none"> • Consult the physician or dentist named above if I cannot be reached. • Administer first aid and or cardiopulmonary resuscitation (CPR) • Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility if deemed necessary by paramedic, police or to the emergency personnel • Obtain any emergency medical or dental treatment deemed necessary by medial authorize including but not limited to an epinephrine auto-injection for suspected exposure to life threatening allergy • Transport my child via private ,authorized vehicle to local emergency shelter n the event of emergency evacuation of our facility CONTINUED ON TO NEXT PAGE 	

Physician /Medical Information/Authorization of Care Continued

I agree the above information is current and update, I also understand and accept the Authorization of Care Policies as stated previously..

Parent: Guardian Signature: _____ Date _____

- As a condition of enrollment, you MUST authorize the Smith Mills Weekday Nursery School to secure any and all necessary emergency medical treatment for your child in the event that **you cannot be reached**. IF you wish to request a religious or personal exemption, state licensing authorities must be consulted to determine if such exemption may be granted.