

MEDICAL EMERGENCY PERMISSION SLIP

Child's Name

I grant permission for the staff of Mt. Nebo's Preschool to seek medical assistance for the above named child. In the event of an emergency, paramedics will be called and they will make the determination as to what hospital to use. Parents and / or the emergency contact listed on the back will be notified.

Parent / Guardian's Signature

Date

Home telephone # including area code: _____

Emergency telephone # including area code: _____

Work telephone # including area code: _____

Insurance company: _____

Policy #: _____ Group #: _____

Does your insurance company require a doctor's notification before medical treatment can be given? _____ yes _____ no

If above is yes, please list doctor and their phone number including area code:

Doctor's name: _____

Phone number: _____

Please list any allergies: _____

I give permission for my child's picture to be taken and used for publicity purposes.
_____ yes _____ no

FIELD TRIP PERMISSION FORM

I give permission for my child, _____ to participate in all field trips taken by Mt. Nebo Preschool outside of the school area.

Parent / Guardian's Signature

Date

Form continues on back

Please list below the names and telephone numbers of four emergency contact people that we can call if we are unable to get in touch with you or your spouse.

	Name	Relationship	Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Please list below the names and phone numbers of the person/persons who are authorized to pick up your child at school. Please remember if they will not be picking your child up on a regular basis they will need a photo ID.

	Name	Relationship	Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

For future purposes, please let us know of any younger siblings in your household. As families of our preschool, any younger siblings in your household are eligible for early notification and preregistration in the future.

Child's name:	_____	Birth date:	_____
Child's name:	_____	Birth date:	_____
Child's name:	_____	Birth date:	_____