

PERMISSION SLIP

I hereby give permission for my child _____ to participate with Knollwood Preschool in all field trips scheduled for his/her class during the school year.

I understand that if my child is under the age of 8, I will be required to supply a car seat for his/her transportation.

My child has been instructed, and has agreed, to obey all rules and directions given by adult advisors and chaperons.

All special medical conditions and allergies are listed below. In case of medical emergency, if I cannot be reached, I authorize the adult advisor(s) or chaperon(s) to obtain medical treatment, and do give permission to the physician(s) selected by them to provide such treatment, including hospitalization.

_____ Date Parent or Guardian

Other information: _____

At Knollwood, we think a picture is worth a thousand words. We take pictures on an ongoing basis in order to document activities, to provide parents with information about the children’s day at preschool and to share with the children themselves. Occasionally, these pictures are used in materials developed to promote and publicize the preschool program. Photos used **DO NOT** contain any identifying information.

I understand that pictures will be taken during the preschool day at Knollwood. I understand that these photos may be published in promotional materials but will not be sold or otherwise distributed.

I give permission for my child to be included in photographs taken during the preschool program.

_____ Date Parent or Guardian

**KNOLLWOOD PRESCHOOL
EMERGENCY INFORMATION**

CHILD'S NAME: _____ Phone: _____

ADDRESS: _____

FATHER'S NAME: _____ BUSINESS PHONE: _____

MOTHER'S NAME: _____ BUSINESS PHONE: _____

PERSON OTHER THAN PARENTS WHO MAY BE CONTACTED IN EMERGENCY. (It is imperative that this person is aware that their name appears on this form and that they are both willing and able to pick up your child in case of illness or emergency)

_____ name _____ phone

DOCTOR'S NAME: _____ Phone: _____

INSURANCE COMPANY: _____ Policy #: _____

IS YOUR CHILD ON ANY MEDICATION? IF SO, PLEASE SPECIFY.

If your child is regularly in the care of a person other than yourself either before or after school, please provide the following information.

Name of childcare provider: _____

Phone: _____ Address: _____

Will this person be transporting your child to and from school on a regular basis? _____ Hours of normal care _____

Knollwood Preschool agrees to notify the parent/guardian whenever the above named child becomes ill. The parent/guardian agrees to pick up the child as soon as possible thereafter.

The parent/guardian authorizes Knollwood Preschool to call the physician listed and, if unable to contact said physician, to make such arrangements and use such facilities as are necessary to meet the emergency. The parent/guardian agrees to pay all bills thus incurred and absolves Knollwood Preschool of any responsibility.

SIGNED: _____
Parent/Guardian