



Calvary Christian Preschool
Emergency Information

Child's Name: _____

Date of Birth: _____

Allergies? _____

If yes, what action is necessary to alleviate reaction? _____

Does your child require any food exceptions due to allergies or religious preferences? (Please note allergy or religious): _____

Asthma? Yes No Actions necessary to alleviate symptoms: _____

Photo Permission

You have permission to take pictures of _____ for use within the center or for center projects. Photos or videos for any other use (including media) will constitute separate permission and advance notice.

Topical Ointments

Circle the ointments that we have permission to apply to your child:

Triple antibiotic cream

Diaper Cream

Sunscreen

Unscented Hand Lotion

Hand Sanitizer
NOT used on infants!

Field Trip Permission applicable for 3 / 4 class and Pre-K class ONLY

You have permission for my child _____ to leave the center for a field trip. This may include a walk around the neighborhood or a trip to a local attraction. I understand that I will be notified in advance of any trip that includes transportation other than walking. I understand that I may be asked to bring in a booster car seat for my child and that my child may be riding in the car of a staff person or another parent. Applies to 3 and 4 year olds ONLY.

This consent will be in effect for one year from date of signature.

Parent signature

Date