



Calvary Christian Preschool Emergency Information

Child's name _____ Date of Birth _____

Any known 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 Yes No

You have permission to take pictures of my child for use within the center or for center projects. Photos or videos will also be used on our private Face Book group page.

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

4's class and Kindergarten class ONLY

You have permission for my child to leave the center for a field trip.

This may include a walk 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. All drivers have insurance cards on file.

Applies to 3 and 4 year olds ONLY.

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

Parent signature Date

Date