

Grand Avenue Preschool & Day Care, Inc.—Authorization Form

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby give my permission to LaGrange Memorial Hospital, Hinsdale Hospital, or hospital selected by 911 and to the Doctors in attendance to treat my child as necessary in an emergency situation when I am not available.

Signed _____ **Date:** _____
(Parent or Legal Guardian)

Child's Full Name _____ Birth Date _____ Gender _____
Parent's Names _____ Home Phone _____ Work _____
Cell Phone _____ Cell Phone _____
Parent's email _____
Child's Doctor _____ Phone Number _____
Does your child have any pre-existing conditions? _____
Please list any allergies: _____
Please list any routine medication: _____

I assume all risks which may be associated or a result from my child participating in the school's program and release all persons officially connected with Grand Ave. Preschool & Day Care, Inc. I am aware that accidental injuries can occur while my child is in school. If medical treatment is required, our personal health insurance plan must be used. I am aware there is a playground, tricycles and many other activities that promote vigorous play.

Signed _____
(Parent or Legal Guardian)

DCFS VERIFICATION

I am aware that a copy of the Illinois DCFS licensing standards summary is posted on the parent board for me to review at any time.

Signed _____
(Parent or Legal Guardian)

PARENT HANDBOOK/GUIDANCE & DISCIPLINE POLICY

I have read, understand and agree to Grand Avenue Preschool & Day Care's Parent Handbook and the Guidance and Discipline Policy. Any non-compliance with the Parent Handbook may result in disenrollment.

Signed _____
(Parent or Legal Guardian)

USE OF MY CHILD'S PHOTO

I hereby grant to Grand Avenue Preschool & Day Care, Inc. permission for my child's photo to be used via school related social media, advertisements and/or local publications. YES _____ NO _____

Signed _____
(Parent or Legal Guardian)

PLAYGROUND/FIELD TRIP PERMISSION SLIP

My child _____ has permission to participate in walking field trips in the neighborhood, parks and to the school's playground.

Please discuss with your child the importance of observing safety rules and following the teacher's instructions. Failure to follow rules will result in your child not being able to participate in future trips.

Signed _____ (Date) _____
(Parent or Legal Guardian) Publisher/auth.emer.

GRAND AVENUE RELEASE FORM

For children enrolled for all day preschool or the school-age program

I understand that the Grand Avenue Preschool's responsibility for my child starts when my child is signed into the program and ends when my child is signed out.

Therefore, I release Grand Avenue Preschool & Day Care, Inc., from any legal responsibility for my child(ren)

_____ :
Print child's full name

1. Once my child leaves Grand Avenue Preschool & Day Care, Inc.
2. Until my child has been placed in the care of a Grand Avenue Preschool & Day Care, Inc. staff member.
3. *When my child leaves Grand Avenue Preschool & Day Care, Inc. to attend:
_____.
4. *When my child leaves _____
to return to Grand Avenue Preschool & Day Care, Inc.
5. When my child leaves his/her elementary school in route to Grand Avenue Preschool & Day Care, Inc.
6. When my child leaves Grand Avenue Preschool & Day Care, Inc., to go to activities listed on the Activity Form. (Please be sure to complete the Activity Notice in your child's file for all after school activities.)

Please Print _____
(Parent or Legal Guardian)

Signed _____ (Parent or Legal Guardian) _____ (Date)