

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

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby give my permission to LaGrange Adventist Hospital, Hinsdale Adventist Hospital, or a 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 _____ Birthdate _____ Gender _____

Parents' Names _____ Home Phone _____ Work Phone #s _____

Parents' E-Mail _____ Cell Phone #s _____

Child's Doctor _____ Doctor's Phone Number _____

Does your child have any pre-existing conditions? _____

Please list any allergies: _____

Please list any routine medications: _____

I assume all risks which may be associated or result from my child participating in the school's program and release all persons officially connected with Grand Avenue Preschool & Day Care, Inc. I am aware that accidental injuries can occur while my child is in school. If medical treatment is required, my personal health insurance plan must be used. I am aware that students use Vets Park playground during their school day. While attending Grand Avenue, the use of the equipment is considered a walking field trip. There are monkey bars, a giant web and various pieces of equipment for their use. I am aware that accidental injuries can occur while my child is in school and that Grand Avenue does not provide 1:1 supervision for any age groups.

Signed _____

(Parent or Legal Guardian)

DCFS VERIFICATION

I am aware that a copy of the Illinois DCFS licensing standards summary was sent to me electronically upon enrollment and 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 the 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, advertisement, 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, WSFD or for Summer Camp bus transportation.

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

Signed _____

Date _____

(Parent or Legal Guardian)