

**WELBORNE CHRISTIAN PRESCHOOL
WELBORNE UNITED METHODIST CHURCH
MEDICAL CARE AND SCHOOL ACTIVITY PERMISSION FORM**

CHILD'S FULL NAME: _____

I hereby grant permission for my child to use all of the play equipment and to participate in all activities of the school.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle. I understand that all field trips will require an advance notice to me by the school staff, along with an individual permission slip to be signed by me before the field trip. All vehicles used will contain seat belts for all passengers. You must supply a booster seat.

I hereby grant permission for my child to be included in any evaluations and pictures connected with the school program.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact the parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact a parent through any of the persons listed on the Emergency Information form.
4. If the school cannot contact a parent of the child's physician, they may do any or all of the following:
 - a. Call another physician or the rescue squad.
 - b. Call an ambulance.
 - c. Have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under Item 4 above will be borne by the child's family.
6. The school will not be responsible for anything that may happen as a result of false information, or lack of information, given at the time of enrollment.
7. The school will not assume responsibility for a child who has not been placed in the care of a teacher at the time of his or her arrival at the school.

Father/Guardian Signature: _____ **Date:** _____

Mother/Guardian Signature: _____ **Date:** _____

**WELBORNE CHRISTIAN PRESCHOOL
EMERGENCY INFORMATION FORM**

Child's Full Name: _____ **Date of Birth:** _____

Address: _____

Home Phone #: _____

Child's Allergies (food, medicine, insect bites, and any other allergies):

Mother's Name: _____

Address: _____

Employer: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

Father's Name: _____

Address: _____

Employer: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

Insurance Company Name: _____

Subscriber Name: _____

Policy/Group #: _____

Physician's Name: _____

Physician's Address: _____

Physician's Phone #: _____

Hospital preference: _____

Emergency Contacts (other than the parents):

<u>Name</u>	<u>Relationship</u>	<u>Phone #</u>
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Carpool Information:

List below who will be bringing and picking up your child from school each day. If anyone else is to ever pick up your child, please notify the school in advance in writing.

Note: If there are any changes to your information listed above, please provide written notification, so that we may keep your file current.

(OVER)