Health Care and Permission Form

Child's name: _____ Birth date: _____

Child's physician: _____ Phone: _____

Child's dentist: _____ Phone: _____

Immunizations on file: _____yes _____no

In the event of an emergency, please contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Information: Please be specific. This could be vital in an emergency.

1. Medical conditions:
2. Medications being taken:
3. Allergies to medications:
4. Any other allergies:

Illness:

These people have permission to pick up and transport my child. They also have my permission **to assume responsibility and care of my child** , if I cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

In case of an accident or illness, I authorize the staff to provide first aid care deemed necessary for my child. In the event of an emergency in which I cannot be reached, the Islesboro Health Center, emergency medical services or the physician listed above are authorized to give emergency care deemed necessary to treat and transport my child.

Signature of Parent/Guardian: _____

Publications Permission

I permit my child to be in photographs that record preschool activities, some of which may be used for publication. I will allow the following (please circle):

Newspaper articles: yes/no

Islesboro Preschool Website: yes/no

Islesboro Preschool Newsletter: yes/no

Islesboro Preschool Facebook: yes/no

People authorized to pick up your child:

1)

2)

3)

4)

5)

I authorize my child to participate in water and wading activities at IPS, YES / NO

I authorize my child to leave IPS on foot/in a stroller with staff, YES / NO

I authorize Islesboro Preschool staff to apply [ ] Sunscreen and [ ] Bug spray to my

student _____while attending the program

All sunscreens, bug sprays, and sun protection should be labeled with your student's name.

In the event of a student not having sunscreen or bug spray, please check one of the following:

[ ] My child requires the use of a specific sunscreen or bug spray due to skin allergies, which I agree to provide.

[ ] No preference, Islesboro Preschool staff may use extra sunscreen and bug spray that we have on hand.

I have read and understand all policies and procedures outlined in the **Islesboro Preschool Family Handbook**. By signing this, I agree to comply with all policies and procedures.

Yes/ No

This permission slip is in effect as long as my child is enrolled in programs at the Islesboro Preschool.

Parent/Guardian: _____

Signature: _____

Date: _____