



**A CHILD'S WAY KINDERGARTEN-PRESCHOOL
INFORMATION AND AUTHORIZATION FORM**

Complete, print and sign 3 copies of this form

Name of Child _____ M or F Nickname _____

Birth date _____ Class and Teacher _____

Parent's Home E-mail Address _____

PARENT(S) OR GUARDIAN(S) INFORMATION:

Name(s): _____

Home Address: _____

Home Phone: _____

Cell phone mom: _____ Cell Phone dad: _____

Employer mom: _____ Work phone mom: _____

Employer dad: _____ Work phone dad: _____

If parent or guardian cannot be reached, list alternatives below:

Name & Relationship: _____

Home phone: _____ Cell phone: _____

Name & Relationship: _____

Home phone: _____ Cell phone _____

AUTHORIZATION FOR A CHILD'S WAY STAFF TO CONSENT TO TREATMENT OF CHILD

We will always try to reach a parent or legal guardian if there is an emergency involving your child. If your child is involved in an accident that we feel is serious, we will call 911 which sends the rescue truck (paramedics) and ambulance. If the determination is made that emergency care is needed at the hospital, the ambulance will transport your child to St. Vincent Hospital or _____ Hospital. Please notify us immediately if any of your phone numbers change.

As a parent or legal guardian of _____
Child's Name Child's Birth date

I hereby authorize **A CHILD'S WAY KINDERGARTEN-PRESCHOOL STAFF at 12755 NW DOGWOOD ST., PORTLAND, OREGON 97229** access to medical information and to consent to any medical or surgical treatment of the above child which such staff members deem advisable in an emergency if a parent or legal guardian cannot reasonably be located when the child is brought for treatment. This authorization will be effective for the current school year.

√ *Signature of parent or legal guardian* _____ *Date* _____

MEDICAL INFORMATION FOR _____ (child's name)

CHRONIC ILLNESSES & ALLERGIES (food, pet, other): _____

ALLERGIES TO MEDICATIONS: _____

I understand my child's food allergies will be posted in the classroom ✓ *Signature* _____ *Date* _____

MEDICAL HISTORY, MEDICAL CONCERNS AND SPECIAL HEALTH NEEDS _____

CURRENT MEDICATIONS: _____

Child's Doctor: _____ Phone: _____

Medical Insurance Company: _____ Policy/Group ID number: _____

PICK-UP AUTHORIZATION

The following people are authorized to pick up my child:

Name	Relationship	Phone #	Cell Phone #
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____

✓ *Signature of parent or legal guardian* _____ *Date* _____

PHOTO AUTHORIZATION

I give permission for my child to be photographed during classroom hours or fieldtrips. The photos will be used to document my child's work and activities and will become part of my child's portfolio.

In addition, I do _____ or do not _____ authorize my child's picture to be put on our web site.

✓ *Signature of parent or legal guardian* _____ *Date* _____

FIELD TRIP AUTHORIZATION

I understand that this Field Trip Permission Form covers the current school year and includes scheduled field trips by automobile as well as walks off campus. Parents will be notified when each field trip is scheduled. Notification will occur through newsletters, the parent calendar and parent information board. Parents will be asked to sign an additional class sign-in form acknowledging each specific field trip as it occurs during the school year. The teacher will furnish the children's Emergency Forms to drivers who volunteer to transport children in their vehicle on field trips. Parents who volunteer on field trips must provide vehicle and insurance information. I hereby grant my permission for my child to be taken on all scheduled field trips.

✓ *Signature of parent or legal guardian* _____ *Date* _____

Car Insurance Information: Parents providing transportation on field trips must have an active automobile liability insurance policy.

Vehicle: Make _____ Model _____ Year _____ License plate # _____

Insurance Company _____ **Policy #** _____

✓ *Signature of parent or legal guardian* _____ *Date* _____