

2021-2022 Student Emergency Form

Child's Name _____
Class: TTh 9-1 TTh am TTh pm MWF 9-1 MWF am MWF pm

THE FOLLOWING EMERGENCY INFORMATION MUST BE COMPLETE

EMERGENCY PICK-UP: If parents cannot be reached, individuals authorized to contact/ pick up child in an emergency. You **MUST** include two contacts.

Name _____ Relationship to child _____

Address _____ Phone _____

Name _____ Relationship to child _____

Address _____ Phone _____

You MUST include your child's physician and dentist.

Physician's Name _____ Phone _____

Clinic/Office Address _____

Source of Dental Care _____ Phone _____

Clinic/Office Address _____

Hospital preference _____

Allergies to be noted: _____

Parent Authorization of Permission

THE FOLLOWING ITEMS MUST BE ACKNOWLEDGED BY YOUR SIGNATURE

GENERAL PICK UP: Person(s) authorized to pick up/transport my child from preschool (carpools & play dates included)

Name(s) _____ Phone _____

Name(s) _____ Phone _____

Name(s) _____ Phone _____

Name(s) _____ Phone _____

Name(s) _____ Phone _____

I understand that for anyone not listed here to be able to pick up my child, I will need to call or email the school directly or send a signed and dated note authorizing the change and provide their name and contact #.

Signature of parent or guardian: _____

**READ AND INITIAL EACH SECTION BELOW TO INDICATE PERMISSION
THEN SIGN AND DATE THE END OF THE BACK SIDE OF THIS FORM**

Regarding use of photographs:

_____ may have his/her picture taken during the school year for school use purposes such as: documentation for assessment and school to home communication, scrapbooks, class projects, wall displays, school brochures, and individual and composite class picture by Lifetouch Photography. **Initial ok** _____

Photos may be used on the Incarnation website preschool link without name listed. **Initial ok** _____

Regarding data privacy:

I give permission for the Director and teaching staff to access child records for program use during the school year. Includes: enrollment forms, health records, observation & conference reports, resource & referral info. **Initial ok** _____

I give permission for the MNCCHC nurse consultant and DHS licensor assigned to Incarnation Preschool to have access to my child's records during annual program site visits. **Initial ok** _____

I give permission for my child's health care source to sign & release health and immunization information to Incarnation Preschool to comply with MN Dept of Health requirements for attendance. **Initial ok** _____

I would like for my family's contact information to be included in a school directory. As specified in the Family Handbook, this is intended as a communication tool for school use and personal contact among enrolled families and **NOT** to be used for solicitation or given to others for marketing purposes. **Initial ok** _____

I give permission for inclusion of our email address in a class profile distribution list for school/home communications. **Initial ok** _____

Regarding walks/outside activities:

I give permission for my child to take supervised walks and participate in activities under supervision outside on Incarnation Church grounds/property with his/her class during regular class time schedule. **Initial ok** _____

I give permission for my child to use alcohol-based hand sanitizer on field trips and outdoor excursions prior to receiving snack. **Initial ok** _____

Regarding Family Handbook:

I agree to read through the Incarnation Preschool Family Handbook when received in September prior to the start of the school year and to refer to and abide by the policies and procedures stated within throughout the school year. **Initial ok** _____

Parent/Guardian signature

Date

Please NOTE: If there are any of the above sections that you did not initial OK for permission, please contact the director to discuss and clarify **PRIOR to the start of Fall classes.**

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