

1st Congregational Church Preschool & Daycare, Inc.

2009-2010 Field Trip Permission Form

I grant permission for my child _____ to participate in walking field trips for Three-year-olds and car driven and walking field trips for Four and Five-year-olds during program hours with staff and personnel authorized by the Director. Children will be buckled in rear car seats if under 40 lbs. when participating in car trips.

Parent/Guardian Signature

Date

2009-2010 Medical Permission Form

I grant permission for my child _____ to receive emergency medical aid by staff and if necessary and I cannot be reached immediately, to be transported by ambulance via 911 to _____ (preferred) Hospital.

Allergies or Medical concerns: _____

Last Tetanus shot date: _____

Contact us as soon as possible:

Mother's name

Work number

Home

Cell

Father's name

Work number

Home

Cell

I grant permission to contact if needed:

My Child's Physician: _____ Phone # _____

My Child's Dentist: _____ Phone # _____

Insurance Carrier/Policy or Membership ID#: _____

Emergency contacts and phone numbers of other adults who can be called if a parent cannot be reached. If no one can be reached by 6 PM for late pickup we will need to call the Cheshire Police Department.

For Medical Emergency: _____ Phone # _____

For Late Pick-Up: _____ Phone # _____

I will be responsible for all medical expenses and late fees.

Parent Signature

Date

Persons to whom child may be released other than parents: (name and phone number)

1. _____

2. _____

3. _____

If there are any concerns about who may not pick up your child, please alert us.

I understand that if someone other than authorized here by parent is to pick up my child I will give written notice to staff and they will need to present picture identification.

Parent Signature: _____ Date: _____

Media release: I give permission for my child to be photographed or videotaped by classroom teachers for classroom use. In the event of other media use, parents will be notified and given the opportunity to refuse participation.

Parent Signature: _____ Date: _____