

## Emergency Information - Mount Hope Preschool and Childcare

Child's full name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_

Address if differs from child's \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_

Address if differs from child's \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

If there is a custody situation of which we should be aware, please note below. We cannot deny a parent access to their child without legal documentation.

\_\_\_\_\_

### Two Emergency Contacts

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

### Emergency Medical Contacts

Physician/Clinic \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### Allergy, Medical and Developmental Needs / Instructions

\_\_\_\_\_

### Alternate Pick-Up Authorization *Persons authorized to pick-up my child from MHPC are:*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

(over)

**Parent/Guardian Release Information**

1. I hereby grant permission for my child to use all play equipment and materials as well as participate in all of the planned activities at Mount Hope Preschool and Childcare.
2. I hereby grant permission for teachers and staff to take necessary steps to obtain emergency medical care until I can be contacted. Steps may include, but not limited to:
  - a. Attempt to contact parent(s) or guardian(s).
  - b. Attempt to contact child’s physician or the local EMT.
  - c. Transporting the child in an ambulance as deemed necessary by the police or EMT.
3. I agree to pay all costs and fees for my child incurred during emergency medical treatment while in the care of Mount Hope Lutheran Preschool and Childcare.
4. I hereby grant permission for the teachers and staff to take whatever emergency measures necessary for the care and safety of my child while under the supervision of Mount Hope Preschool and Childcare.

**Permission to Publish/Post Photographs**

Onsite

**I DO or DO NOT** (circle one) give permission for my child’s photograph to be displayed in house as part of displays and/or artwork.

Publicly

**I DO or DO NOT** (circle one) give permission for my child’s photograph to be published electronically (ie. website) and/or used in print (ie. brochures).

**Parent Photo Technology Agreement**

I will **NOT** publicly post photos/videos of a child other than my own.

**Parent Handbook Agreement**

We have read and agree to comply with all policies that are presented in Mount Hope Preschool and Childcare Handbook and Health Policies. ([www.mt-hope.org](http://www.mt-hope.org))

**Parent-Teacher Conferences**

I acknowledge the opportunity provided by Mount Hope to meet with my child’s teacher during the Parent-Teacher Conferences on October and March.

**Signatures of parents/guardian(s)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_