

Please return by Aug. 1, 2018

Emergency and Authorization Information
Friendly Flock Preschool
2018-2019

Child's Name: _____ **Birth Date:** _____ **Gender:** M F

Address: _____ **City** _____ **Zip** _____

Telephone: _____ **Mother's Maiden Name:** _____

Father's Name: _____ **Mother's Name:** _____

Father's Employment: _____ **Mother's Employment:** _____

Father's Work Phone: _____ **Mother's Work Phone:** _____

Father's Cell Phone: _____ **Mother's Cell Phone:** _____

MEDICAL CONSENT: In the event that our child, _____ becomes ill or sustains injury while attending the Friendly Flock Preschool at Pendleton First United Methodist Church, I, the undersigned give permission to those in charge to administer first aid.

Parent's Signature: _____ **Date:** _____

Emergency Contacts

Persons authorized to pick up child. (Other than child's parents.) Be sure to include someone who will usually know your whereabouts or is willing and able to pick up an ill child if you are unavailable.

Name: _____ **Relation:** _____ **Phone:** _____

Name: _____ **Relation:** _____ **Phone:** _____

Permission Authorizations

1. I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school.
2. I hereby grant permission for my **Preschool** child to leave the school premises under the supervision of a staff member for a neighborhood walk or for field trips in an authorized vehicle.
3. I hereby grant permission for my child to be included in evaluations and pictures or newspaper articles connected with the school program.

Parent's Signature: _____ **Date:** _____