



EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of Trillium Christian Nature Preschool to provide simple first aid treatment to my child, _____ when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by Sara Ladzinski as soon as possible regarding any emergency involving my child.

I/We, _____
Parent(s)/Guardian(s) Signature(s) Date Signed

MEDICAL INFORMATION

Name of Child's Doctor: _____ Phone #: _____

Doctor's Address: _____

Name of Child's Dentist: _____ Phone #: _____

Family insurance carrier or plan name: _____ Group/Policy #: _____

If your child has any chronic conditions, allergies, takes medication or has special dietary requirements, or other identified special needs or behaviors, please describe below:

NON-EMERGENCY ALTERNATE PICK-UP PERSON/S

I/We, _____
Parent(s)/Guardian(s) Signature(s) Date Signed

authorize the following individual(s) to pick up my child from the program on a non-emergency basis.

Name: _____

Daytime Phone: _____ Cell Phone: _____

Address: _____

Relationship to Student: _____

Name: _____

Daytime Phone: _____ Cell Phone: _____

Address: _____

Relationship to Student: _____

WATER ACTIVITY INFORMATION

Please describe your child's experience in and around water, and whether or not your child is afraid of being in or near the water.

Parent/Guardian Signature

Date Signed

For administrative use only:

- Enrollment Form/Date Received _____
- Enrollment Contract
- Health Form & Immunization Record
- Registration Fee/\$ _____
- First Tuition Payment/\$ _____
- Parent Volunteer Questionnaire