

## Emergency Information

Class (circle one) M/W 3s T/Th 3s 4s Ts

Child's Name \_\_\_\_\_

Parents (1st contact) \_\_\_\_\_ Phone \_\_\_\_\_

Cell \_\_\_\_\_

Parent (2nd contact ) \_\_\_\_\_ Phone \_\_\_\_\_

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Cell \_\_\_\_\_

**In case of an emergency, when neither parent can be reached, I/we authorize the preschool to contact the following person (s) :**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

*In the event of a serious illness or accident which requires immediate medical attention at a time when a parent can not be reached, I give my permission for the Director or her designee to obtain and authorize medical treatment for my child. I understand that this may/may not include transportation via Loudoun County Rescue squad to the Loudoun Hospital Emergency room. I will not hold the school responsible, I understand that all medical expenses are my responsibility.*

- I/we hereby grant permission for my child to use all of the play equipment and to participate in all school activities.
- I/we hereby grant permission for my child to leave school premises under supervision of a staff member for neighborhood walks.
- I/we hereby grant permission for my child to be included in evaluations that are part of the preschool program.
- I/we understand that the school is not responsible for anything that may happen as a result of false information given at the time of enrollment.
- I understand that the school is not responsible for a child that had not been brought to the classroom at the time of arrival.

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