

Emergency Form

The State of Minnesota Department of Human Services requires this form be completed, signed by the parent and kept on file at Associated Preschool. We request your cooperation in completing all of the information on this form.

Child's Name (First, Middle, Last): _____ Birthdate _____

Home Address: _____ Phone: _____

Parent Name: _____ Address: _____

Phone: _____ Cell: _____ Email: _____

Parent Employer: _____ Phone: _____

Parent Name: _____ Address: _____

Phone: _____ Cell: _____ Email: _____

Parent Employer: _____ Phone: _____

Family Physician: _____

Name

Address

Phone

Family Dentist: _____

Name

Address

Phone

Emergency Medical and Dental Release

In event of medical or dental emergency involving my child, _____,

I grant permission for the Associated Preschool personnel to seek emergency medical or dental treatment (i.e. call 911) and for appropriately qualified medical personnel to administer emergency treatment.

Source of emergency care will be Owatonna Hospital 2250 26th Street NW 451-3850.

Parent's Signature _____

Date _____

Emergency Phone Numbers

In the event that you cannot be reached during school hours for any reason, please list the name and phone number of two people (local if possible) who could be reached to pick up your child.

Name _____ Address _____ Phone _____

Relationship to child _____

Name _____ Address _____ Phone _____

Relationship to child _____

Authorized Release of Child

MDHS requires that we have the name and phone number of any person **you authorize to take your child from school**. Please list this information on this form. **We may not release your child to any person not listed without written permission.** (Attach another page if necessary).

Name _____ Phone _____ Name _____ Phone _____

Name _____ Phone _____ Name _____ Phone _____

Name _____ Phone _____ Name _____ Phone _____

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Persons **NOT** authorized to take child from Associated Preschool (if non-custodial parent is not authorized to take child from school, we require a copy of court order for our file).

Name	Address	Phone	Relationship
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Permission

Please read carefully before signing. If you have any questions or concerns please contact your child's teacher or the preschool director.

Please initial next to yes or no

Yes ___ No ___ I give permission for **Associated Preschool** to share information with and receive information from the Owatonna School District 761 regarding my child _____.
Students Name

Yes ___ No ___ Associated Preschool has my permission to take my child's photo for class projects only. (This includes group photos that will be sent/emailed home with other children.) Note that Associated Preschool is not responsible for others posting these photos online etc.

Yes ___ No ___ Associated Preschool has my permission to use my child's photo on their Facebook page, brochure, or web site. No names or further information on any students will be given.

Yes ___ No ___ I give my permission for Essential Oils to be diffused in my child's classroom.

Yes ___ No ___ I give my permission for staff to apply hand sanitizer to my child when necessary. (this is limited)

Parent's Signature	Date
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Allergies _____

(food or medication)

Received Emergency Preparedness Plan via email & Parent Policy Book

Parent Signature	Date
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