

# Tiny Acres Preschool



## PERMISSION SLIP

I hereby give permission for my child \_\_\_\_\_ to use play equipment and participate in all activities of the preschool. Activities may include fire and severe weather drills which take place at Tiny Acres Preschool. \_\_\_\_\_ (initial)

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or field trips using parent's personal vehicles (you will be notified beforehand). \_\_\_\_\_ (initial)

I hereby grant permission for my child to be included in evaluation, publicity, and pictures connected with the preschool program. \_\_\_\_\_ (initial)

### Topical Medication Consent

I hereby give the staff at Tiny Acres Preschool permission to administer the following listed topical medications to my child \_\_\_\_\_. I understand that I am responsible for supplying these items to my child's teacher for safe storage.

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

Topical Medication	Brand Name	Special Instructions
Sunscreen		
Lip Balm		
Insect Repellent		
OTHER		

I (We) **DO NOT** wish to have any topical medications administered to my child.

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

# Tiny Acres Preschool

## Allergies

Please list any of your child's allergies and any medical conditions that your child may have.

Food: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Any other substance that may cause an allergic reaction:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If my child has an allergy, I authorize that my child's name may be posted in the classroom as a reminder to staff to prevent allergic reactions. This is very important to keep your child as safe as possible and involved in a healthy environment.

## Medical Care

I hereby grant permission for the director to take whatever steps necessary to obtain medical care if needed. These steps may include, but are not limited to the following:

1. Take child to receive first aid/allergy treatment.
2. Attempt to contact parent or guardian.
3. Attempt to contact you through any of the people listed on the application.
4. Attempt to contact the child's doctor.
5. If we cannot contact you or the child's doctor, we will do any of the following depending on the need: contact another physician; call an ambulance; take child to emergency room.

Any expenses incurred as a result of medical/emergency treatment remain the responsibility of the child's family.

The school and/or the director will not be held responsible for mishaps which occur as a result of omitted or false information given on the preschool application.

## **Tiny Acres Preschool**

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian's email address:

\_\_\_\_\_

Parent/Guardian's Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

For questions or concerns about this form, please feel free to contact Eva Brown.