



West End Preschool

Identification & Emergency Form

Child's Name _____ PreEnrollment Visit _____

Address _____

City _____ State _____ Zip Code _____

Child's Birth Date _____ Preferred Name _____

Male _____ Female _____ What city was child born? _____

Are there any legal restrictions on who can pick up child and have access to child's files?

Yes No (If yes, legal documentation must be provided to us.)

Otter Creek Church has permission to send occasional emails inviting me to programs or activities that involve children or young families. Yes No

Mother's Name _____

Address (if different from above) _____

City _____ State _____ Zip Code _____

Phone # _____ Work # _____ Cellular # _____

Place of Employment _____

Address _____ E-mail Address: _____@_____

Father's Name _____

Address (if different from above) _____

City _____ State _____ Zip Code _____

Phone # _____ Work# _____ Cellular # _____

Place of Employment _____

Address _____ E-mail Address: _____@_____

Child's Physician and/or Group _____

Phone # _____ Address _____

Medical Insurance:

Name of Company _____ Name of Insured _____

Policy Number _____ Hospital Preference _____

List All **ALLERGIES or DIETARY RESTRICTIONS:** _____

List All Medical Conditions (attach another page if necessary):

Please complete reverse side

Persons Authorized To Pick Up Child
OR To Be Notified In Case Of Illness / Accident

(DO NOT give parent's name – this information is required
in case a **parent can not** be contacted!)

Name _____

Phone # _____

Address _____

Name _____

Phone # _____

Address _____

- I authorize emergency medical care if I can not be contacted. WE PS has my permission to release health and family information to medical personnel as needed.
- Children's records are kept confidential and in a locked box in the school office. They will be available to the child's parents or legal guardian, director and current teaching staff, and regulatory authorities.
- Child will NOT be released to anyone whose behavior could put him/her at risk.
- My child has permission to participate in walks on the school grounds and the surrounding neighborhood.
- I give permission to post any allergies that my child has.
- I release the use of any photographs made at the school of my child. Possible examples of how photographs would be used: Advertising for the program or special events held at the school.
- I have received and read a summary of licensing requirements and a handbook of school rules and regulations which includes school policies.
- In the event of an immediate disaster situation, I authorize emergency procedures as outlined in the school disaster relief package.

Signature of person/persons who are legally responsible for child.

Date

<i>To be completed with office staff:</i>	
This information is current and correct.	
<u>Initial</u>	<u>Date</u>
_____	_____
_____	_____
_____	_____