

Trinity Preschool
2000 Chestnut Street
Camp Hill, PA 17011
737-9921 ex 241
EMERGENCY INFORMATION

PLEASE PRINT

Name of child _____ Date of Birth _____
 Last First

Address _____ Home Phone _____
 Street

 City State Zip Code

Mother's Name _____ Employer _____

Work Phone _____ Home Phone _____ Cell Phone _____

Father's Name _____ Employer _____

Work Phone _____ Home Phone _____ Cell Phone _____

**Please list the names of those persons you authorize to pick up your child:
(Include parents, grandparents and car pool arrangements)**

IN CASE OF AN EMERGENCY AND A PARENT CAN NOT BE REACHED:

Name Phone Relationship

Name Phone Relationship

OVER

Physicians Name _____ Phone _____

Dentist's Name _____ Phone _____

Health Insurance Provider _____

ID # _____ Group # _____

Please initial at each section and sign at the bottom.

Release for Emergency Treatment

I / We _____ give permission for my/our child

_____ to be treated by an available physician or dentist in case of an emergency. I understand that in the event of an emergency involving my child, it may be necessary for the staff member to administer first aid to my child and / or transport my child to a hospital, physician's office or other health care facility. I hereby consent to the treatment and / or transportation of my child under such circumstances and release the school, its employees, its director and agents from any claim arising out of or relating to such treatment.

_____ I hereby grant permission for any personal information (child and parent names, child's date of birth, phone number, email and address) to be included in the Class Directory. The Class Directory is to assist families in building relationships with one another (i.e. birthday parties play dates, etc.)

_____ I hereby grant permission for my child to be photographed in connection with preschool activities (i.e. class projects, School Photo Days, Field Trips)

_____ I hereby give consent for photos of my child to be used without identifying name labels in all Trinity publications.

_____ I hereby grant permission for my child to use all play equipment and participate in all activities of the school.

Signature of Parent or Guardian _____ Date _____