

## ST. ANTHONY PARK CO-OP PRESCHOOL AUTHORIZATION FORM

Child's Name\_\_\_\_\_Address\_\_\_\_\_Birthdate\_\_\_\_\_

Caregiver name and phone\_\_\_\_\_

Caregiver name and phone\_\_\_\_\_

Adults other than caregivers authorized to take child from preschool (use back if needed):

name\_\_\_\_\_ name\_\_\_\_\_

address\_\_\_\_\_ address\_\_\_\_\_

phone\_\_\_\_\_ phone\_\_\_\_\_

Persons NOT AUTHORIZED to take child from preschool:

\_\_\_\_\_

Adults who can assume responsibility for the child if the caregiver cannot be reached in an emergency (if different from people named above, use back if needed):

name\_\_\_\_\_ name\_\_\_\_\_

address\_\_\_\_\_ address\_\_\_\_\_

phone\_\_\_\_\_ phone\_\_\_\_\_

Doctor or clinic\_\_\_\_\_ phone\_\_\_\_\_

address (street, number)\_\_\_\_\_

Dentist\_\_\_\_\_ phone\_\_\_\_\_

address (street, number)\_\_\_\_\_

Allergies, diet restrictions, medications or restrictions in activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### AUTHORIZATION

My child has permission to accompany the preschool children and teachers on neighborhood walks, to the SAP Library, and to play in College Park under teacher supervision during Preschool time. No field trips will be taken without obtaining written caregiver permission prior to leaving school premises.

I give permission to the St. Anthony Park Co-op Preschool to make whatever emergency (i.e. first aid, disaster evacuation) measures are judged necessary for the care and protection of my child under the supervision of the school. In case of emergency, I understand that the school will call 911 and my child will be transported to St. Paul Children's Hospital for treatment if the local emergency resource (police, rescue squad) deems it necessary. The child will be transported at the expense of the caregivers. It is understood that in some medical situations the staff will need to contact the local emergency resource before the caregiver, child's physician, and/or other adult acting on the caregiver's behalf. In the event of accidental poison ingestion, I understand that the St. Anthony Park Co-op Preschool will contact the Poison Control Center or a physician.

I authorize the school to post emergency phone numbers next to the phone, and to distribute class rosters to other caregivers in the school. I authorize the school to distribute to the children their personal phone books of Preschool Friends. I have read the Family Handbook and agree to abide by the policies of the Preschool.

Date\_\_\_\_\_ Signature of Caregiver\_\_\_\_\_