



EMERGENCY RELEASE FORM

CHILD'S FULL NAME: _____ **BIRTHDATE:** _____ **CLASS:** _____

In case of extreme emergency, I give the school permission to call a physician and take whatever action is deemed necessary.

I will accept responsibility for any expenses incurred _____ Yes _____ No

Health Insurance Provider: _____ Group Number: _____ Phone: _____

Physician's Name: _____ Phone Number: _____

ALLERGIES OR SPECIAL CIRCUMSTANCES: _____

CURRENT MEDICATIONS: _____

▶ **Parent Signature** _____ **Date:** _____

HOME PHONE Parent #1 _____ HOME PHONE Parent #2 _____

PARENT #1 NAME _____ CELL: _____ WORK PHONE: _____

PARENT #2 NAME _____ CELL: _____ WORK PHONE: _____

ADDRESS(ES) _____

CAREGIVER'S NAME: _____ CELL: _____

▶ **Parent Signature** _____ **Date:** _____

These individuals are authorized to pick up my child: (Please supply full address)

NAME: _____ PHONE: _____
Street Address _____

City, State, Zip _____ CELL: _____

NAME: _____ PHONE: _____
Street Address _____

City, State, Zip _____ CELL: _____

NAME: _____ PHONE: _____
Street Address _____

City, State, Zip _____ CELL: _____

▶ **Parent Signature** _____ **Date:** _____

Emergency Contacts if parents cannot be reached.

NAME: _____ PHONE: _____
Street Address _____

City, State, Zip _____ CELL: _____

NAME: _____ PHONE: _____
Street Address _____

City, State, Zip _____ CELL: _____

▶ **Parent Signature** _____ **Date:** _____

(OVER PLEASE)

WALKING RELEASE


I hereby give permission for my child to participate with his or her class in walking trips to Raymond Park, other neighborhood parks, and local establishments; e.g., Evanston Public Library, Whole Foods, the pet shop, Dave's Rock Shop.

 Parent Signature _____ Date: _____
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PHOTOGRAPHY RELEASE


___ I give permission for my child to be photographed or video recorded by the staff of School for Little Children or those authorized by SLC preschool. I also give my permission for these photographs and videos to be used in two capacities: both internally (through classroom books, newsletters, bulletin boards, emails, and children's portfolios) and externally (on the SLC website, in SLC publications or advertisements and other forms of social media) for the purpose of promoting SLC preschool or events. *If names are added, only first names will be used.*

___ I give LIMITED permission for my child to be photographed or video recorded by the staff of School for Little Children for internal purposes only. This permission allows for sharing the photos and videos within the school community (inside the classroom and with the other parents in my child's class) but does NOT allow my child's photo to be posted on the website, through social media or in SLC publications.

 Parent Signature _____ Date: _____
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SLC PARENT HANDBOOK RELEASE

I certify that I have received and read an electronic copy of School for Little Children's Parent Handbook, which outlines all of SLC's procedures and policies.

 Parent Signature _____ Date: _____
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