



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/Guardian Signature** _____ **Date:** _____

Parent/Guardian #1 Name: _____ Parent/Guardian #2 Name: _____

PARENT/GUARDIAN #1 PHONE _____ Additional Phone: _____

PARENT/GUARDIAN #2 PHONE _____ Additional Phone: _____

ADDRESS(ES) _____

CAREGIVER'S NAME: _____ PHONE: _____

▶ **Parent/Guardian Signature** _____ **Date:** _____

Emergency Contacts (if parents/guardians **cannot** be reached)

NAME: _____ PHONE: _____

Street Address _____

CELL: _____

City, State, Zip _____

NAME: _____ PHONE: _____

Street Address _____

CELL: _____

City, State, Zip _____

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

NAME: _____ PHONE: _____

Street Address _____

City, State, Zip _____

NAME: _____ PHONE: _____

Street Address _____

City, State, Zip _____

NAME: _____ PHONE: _____

Street Address _____

City, State, Zip _____

▶ **Parent/Guardian 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/Guardian Signature** _____ **Date:** _____

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/Guardian Signature** _____ **Date:** _____

SLC PARENT HANDBOOK RECEIVED

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/Guardian Signature** _____ **Date:** _____

KINDERGARTEN TRANSITION: Pre-K families only

I give School for Little Children permission to share written information about my child through District 65’s Strong Start to Kindergarten Feedback program. This information will be given to District personnel and will be used to help support my child as he/she/they transitions into Kindergarten.

▶ **Parent/Guardian Signature** _____ **Date:** _____

CONTACT INFORMATION UPDATED

I will alert SLC’s main office if/when my contact information changes, including cell phone, email address, and home address.

▶ **Parent/Guardian Signature** _____ **Date:** _____