



# Emergency Release Form

Student Information		Caregiver Information (if applicable)	
Name	Name		
Address	Address		
Gender			
Birthdate	Phone		
Class	Email (optional)		
Parent/Guardian 1 Information		Parent/Guardian 2 Information	
Name	Name		
Address	Address		
Phone	Phone		
Email	Email		
<b>Emergency Contacts (if parents cannot be reached; these individuals are allowed to pick-up my child)</b>			
<b>Emergency Contact 1</b>		<b>Emergency Contact 2</b>	
Name	Name		
Address	Address		
Phone	Phone		
Authorized Individuals to Pick-Up my child (must list at least 1 additional person)			
Name	Name		
Address	Address		
Phone	Phone		
Insurance Information			
Insurance Provider	Group Number		
	Ins. Phone		
I will accept responsibility for any medical expenses incurred for my child <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Primary Doctor Information (SLC has permission to call a physician &amp; take action during an emergency)</b>			
<b>My Child has Allergies/Asthma/Medical Condition: <input type="checkbox"/> Yes <input type="checkbox"/> No Please Specify:</b>			
Physician Name:	Physician Phone:		
Physician Address:			
<b>Parent/Guardian Signature:</b>			<b>Date:</b>

(Turn Over Please)



# Emergency Release Form

## Walking Release

I give permission for my child to participate with their class in walking trips to Raymond Park, other neighborhood parks, and local establishments (like Evanston Public Library, Whole Foods, Trader Joe's, Dave's Rock Shop) during the school day.

**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 the school. I also give my permission for these photographs and videos to be used in two ways: both internally (newsletters, bulletin boards, emails, and portfolios) and externally (on the SLC website, in SLC publications or advertisements and on social media platforms) for the purpose of promoting SLC preschool and/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:**

## Family Handbook

I certify that I have received and read an electronic copy of School for Little Children's Family Handbook, which outlines all of SLC's procedures and policies, including Covid-19 protocols and procedures.

**Parent/Guardian Signature:**

**Date:**

## Contact Information

I will alert the SLC office if/when my contact information changes, including cell phone, email address, and home address. I will put in writing if/when I add/change an authorized person to pick-up my child.

**Parent/Guardian Signature:**

**Date:**