KIDS COVE PRESCHOOL

CHILD PICK-UP AUTHORIZATION / EMERGENCY CONTACT FORM
PARENTAL CONSENT / SCHOOL RELEASE FORM

Child's Name _____ _____ Date of Birth _____
(Last First Middle or Nickname)

Address _____
Number Street City State Zip

Home Phone Number _____e-mail address _____

Mother's Name _____ Work Phone Number _____

Mother's Occupation/Interests _____Cell Phone Number _____

Father's Name _____ _____ Work Phone Number _____

Father's Occupation/Interests _____ Cell Phone Number _____

Person(s) other than yourself authorized to transport your child to/from school, ***including those in your carpool***:
(If you want to make any changes during the school year, please do this **in writing** to the preschool office.)

Name Relationship to Child Phone Number

_____ _____

_____ _____

_____ _____

_____ _____ _

_____ _____

_____ _____

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PARENTAL CONSENT
I give my consent to Kids Cove Preschool to:
• Release my child into the custody of the individual(s) named above (yes) (no)

_____ _____

Parent Signature Date

Emergency Medical Release Form

Child's Name _____ Date of Birth _____
(Last First Middle or Nickname)
Doctor's Name _____Phone Number _____

Health Insurance Co. _____ Policy Number _____

Name of Primary Subscriber _____ Primary's D.O.B. _____

Physician-documented allergies or things known to cause allergic reactions (including medications)
(If none, state none):
_____

Special Disabilities (if any):
_____

History of any physical or medical problems:
_____

Is your child currently taking any medications? If yes, state type: _____

Please state reason for medication(s) given: _____

I hereby give KIDS COVE PRESCHOOL permission to provide first aid care for my child, _____. In the event I cannot be reached, I hereby authorize KIDS COVE PRESCHOOL to transport my child to the emergency room of the hospital listed below, and I hereby grant my consent for the hospital and its medical staff to provide my child with emergency medical treatment which a physician deems necessary (including anesthesia). If I have not specified any hospital below, my child may be taken to and cared for at the nearest hospital. I agree to accept financial responsibility for all medical expenses incurred.

_____ _____ _____
Parent Signature Date

Hospital _____

Nearest Hospital Clearview Medical (yes) (no)

Person(s) to notify in an Emergency if parent(s) cannot be reached:
Name Relationship to Child Phone Number
_____ _____
_____ _____

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