Child:

PERSONS PERMITTED TO PICK UP MY CHILD

(We will only release your child to a (custodial) parent or someone listed below unless we receive prior notification as stated in our handbook.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BENADRYL RELEASE FORM

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mother/father of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Give a Little Lambs Preschool caregiver permission to administer an oral dose of Benadryl or its generic equivalent to my child \_\_\_\_\_\_\_\_\_\_\_\_\_ if there is evidence of an allergic reaction. The caregiver will then call the parent as soon as possible.

Child’s weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_ , age \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY MEDICAL CONSENT FORM

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mother/father of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do hereby give permission to the personnel of Little Lambs Preschool to secure and authorize such emergency medical care and/or treatment that my child might require while under the supervision of the said school personnel. I also agree to pay all costs and fees incurred by any emergency medical treatment for my child as secured under this consent. Every effort will be made to notify parents immediately in case of an emergency.

Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT PARTICIPATION FORM

Little Lambs Preschool encourages parental classroom participation. If you would like to become involved in your child’s class, please let us know by completing this form.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to help in the following way(s):

\_\_\_\_\_\_\_\_ Arts and crafts

\_\_\_\_\_\_\_\_ Be a volunteer assistant as needed

\_\_\_\_\_\_\_\_ Volunteer to substitute in an emergency

\_\_\_\_\_\_\_\_ Bake for a special occasion

\_\_\_\_\_\_\_\_ Help with fundraisers

\_\_\_\_\_\_\_\_ Talk about my job

\_\_\_\_\_\_\_\_ Put my name on the list of paid substitutes (background check needed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHOTOGRAPH RELEASE FORM

Little Lambs Preschool has permission to use my child’s photograph for publicity purposes.

Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_ Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

CHILDREN’S HEALTH RECORD

**PART I: HISTORY** (To be completed by parent OR medical staff)

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the child had any of the following conditions? If “yes,” when?

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Chicken pox \_\_\_\_\_

Scarlet Fever \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Poliomyelitis \_\_\_\_\_

Diptheria \_\_\_\_\_ Diabetes \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_

Hernia \_\_\_\_\_ Epilepsy \_\_\_\_\_ Otitis Media \_\_\_\_\_

Heart Disease \_\_\_\_\_ Convulsions \_\_\_\_\_\_ Pneumonia \_\_\_\_\_

Mental retardation \_\_\_\_\_ Physical handicap \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART II: RESULTS OF EXAMINATION** (to be completed by physician)

Scalp \_\_\_\_\_ Heart \_\_\_\_\_ Eyes & vision \_\_\_\_\_

Pulse \_\_\_\_\_ Ears & hearing \_\_\_\_\_ Abdomen \_\_\_\_\_

Nose \_\_\_\_\_ Genitalia \_\_\_\_\_ Teeth & Mouth \_\_\_\_\_

Extremities \_\_\_\_\_ Throat \_\_\_\_\_ Reflexes \_\_\_\_\_

Neck \_\_\_\_\_ Rectum \_\_\_\_\_ Lymph Glands \_\_\_\_\_

Spine \_\_\_\_\_ Thorax \_\_\_\_\_ Lungs \_\_\_\_\_

**Height** \_\_\_\_\_\_\_\_\_\_ **Weight** \_\_\_\_\_\_\_

Please indicate any condition which might affect this child’s performance at school or any condition of which the staff should be aware (medical treatments, special requirements concerning diet, rest, allergies, etc.) Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above named child has been given a routine medical examination within the last 12 months and has been found to be free of infectious and contagious diseases.

Physician’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART III: IMMUNIZATIONS –** Please attach an updated immunization record.

I give permission for this information to be released to Little Lambs Preschool.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_