

Child's Name _____

MEDICAL INFORMATION

List allergies to food, medication and bee stings. What action should be taken in an emergency?

Is the pupil under physician's care for health needs on a continuing basis?

NO ____ YES ____ If yes, give details:

Is the pupil under medication or treatment on a continuing basis? NO ____ YES ____ Specify:

AGREEMENTS

Please initial:

_____ The parent/guardian agrees to comply with the rules of the Preschool as set by the GFUMP Board of Directors and as described in the Parent Handbook. Failure to comply with all rules may result in dismissal of the child from the Preschool.

_____ The parent/guardian gives Great Falls United Methodist Preschool permission to photograph/video the child during classroom activities.

_____ The parent/guardian gives permission for his/her child to use all of the playground equipment and participate in all of the activities at GFUMP. The parent/guardian agrees to send the child to school wearing appropriate attire for all activities as described in the Parent Handbook.

_____ The parent/guardian gives permission for his/her child to leave the GFUMP premises under the supervision of a staff member for neighborhood walks or for field trips upon notification from the school.

_____ The parent/guardian agrees to immediately pick up their child upon notification that the child is ill. The parent/guardian agrees not to send the child to school until the child is healthy and can freely participate in all activities (indoor and outdoor) without adult assistance.

Although special care will be taken, GFUMP workers cannot be held responsible for accidents. The school has my permission, in an emergency, when I (or my physician) cannot be reached, to take my child to the Emergency Room of the nearest hospital. The medical staff there has my authorization to provide treatment, which a physician deems necessary for the well being of my child. Also, Great Falls United Methodist Preschool will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

SIGNATURE: Parent/Guardian

Date