

1.) I give permission to anyone caring for my child to authorize emergency medical treatment.

2.) I hereby authorize the following person(s) to pick up my child at Alaya preschool, and/or be contacted in the event of an emergency if I cannot be reached.

Please check/mark designated pick up (P.U.) and or emergency contact (E.C) options for each person listed below.

Name _____ Phone _____ P.U. _____ E.C. _____

Address _____

Name _____ Phone _____ P.U. _____ E.C. _____

Address _____

Name _____ Phone _____ P.U. _____ E.C. _____

Address _____

Parent/Guardian Signature/s _____ Date _____

Child's Name _____ Birthdate _____

Parent/Guardian _____ Phone(H) _____

Cell# _____ Work# _____

Address _____

Parent/Guardian _____ Phone(H) _____

Cell# _____ Work# _____

Address _____

Please list any e-mail addresses you would like us to use when sending out information and/or for our school directory.

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Allergies, medical conditions, special needs to be aware of:

Hospital of Choice _____ Insurance/Policy# _____