

St. Peter's Lutheran School Pre-Kindergarten 2019-2020 Emergency Procedure Form

Student Information:

Last Name: _____	First Name: _____
Grade: _____	Date of Birth: _____

Medical Information:

Is your child presently taking any medications? <input type="checkbox"/> YES <input type="checkbox"/> NO	Does your child have any allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please list: _____	
<i>* If your child has a severe allergy, please speak with your child's teacher regarding emergency procedures</i>	

Parent Contact Information: Home Address: _____

Email address: _____

Parent/Guardian Information

Name: _____	Relationship to Student: _____	Phone: _____
Additional Contact info: Place of Employment, phone #, etc. _____		
Name: _____	Relationship to Student: _____	Phone: _____
Additional Contact info: Place of Employment, phone #, etc. _____		

Should a parent/guardian not be able to be reached, please contact the following:

Name: _____	Relationship to Student: _____	Phone: _____
Additional Contact info: Place of Employment, phone #, etc. _____		

After School Pick Up Information:

Pre-Kindergarten students are to be picked up in the classroom. For your child's safety, your child will not be allowed to leave with anyone other than parents or those listed below, unless prior arrangements have been made in writing and given to their teacher. Please <i>PRINT</i> the full name of the people allowed to pick up your child.	
Name: _____	Relationship to Student: _____
Name: _____	Relationship to Student: _____

Authorization for Emergency & Treatment:

Name of Physician/Medical Center: _____	Phone: _____
Insurance Provider: _____	Insurance #: _____
I authorize school personnel to transport my son/daughter to a physician's office and/or emergency room for treatment in the event that emergency medical care is needed while he/she is involved in either co-curricular or extra-curricular activities. Further, I authorize the Physician and Hospital Staff to treat my son/daughter as they deem necessary in the emergency situation. The above authorization will help assure that your child will begin receiving emergency medical treatment should they have a broken bone or other non-life-threatening situations and you are not able to be contacted to authorize treatment for your child. I understand that it is my responsibility as a parent/guardian to keep all medical and emergency contact information current throughout the school year. I agree to notify St. Peter's Lutheran School about any changes or updates to this information about my child(ren).	
Signature of Parent/Guardian: _____	Date: _____

Media Release Form

St. Peter's Lutheran School requests that each parent or guardian mark the appropriate box below, sign and return this permission slip indicating whether your child's work, name or image may be used for school media purposes. Media may be in the form of, but not limited to, a public newspaper, radio, television, or on the St. Peter's Lutheran School's website or Facebook page. Please complete this form and return it.

I DO DO NOT

Grant permission to have my child published in any school-related media, including a recognizable image, still or video, original work created by my child, or use of my child's name in connection with said image, in a local newspaper, news broadcast or on the school's website / Face book page in connection with any event, award, or activity related to St. Peter's Lutheran School.

Parent Statement of Cooperation

The 2019 - 2020 St. Peter's Lutheran School Parent/Student Handbook is available online at www.stpetersreedsburg.com or you may pick up a copy at the school office. I understand that I am responsible for becoming familiar with the information and policies in this handbook and sharing this information with my child(ren). I further understand I should contact the school if I have any questions or concerns regarding the information in this handbook.

Print Family Name

Signature

Date

4 Pre-Kindergarten – 8th Grade - Early Dismissal / Event Reminder Information

Early Dismissal information, event reminders, etc., will be communicated to families through FastDirect text messaging. Please provide the following information to be able to receive these messages.

____ Text Message to the following cell phone number: (____)_____

My cell phone provider is: _____

____ I do not want to receive FastDirect text messages.

3 year old Pre-Kindergarten will be contacted directly by the teacher through email and/or text message.