

EMERGENCY MEDICAL AUTHORIZATION

Student Name _____ Family Name _____ D.O.B. ___/___/___ Grade _____
Street Address _____ City _____ Zip Code _____ Phone _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached.

Residential Parent or Guardian (names of people you wish to be contacted):

Mother's Name _____ Day Phone _____ Cell Phone Number _____

Mother's Employer _____ Address _____ Bus. Phone _____

Email Address _____

Father's Name _____ Day Phone _____ Cell Phone _____

Father's Employer _____ Address _____ Bus. Phone _____

Email Address _____

Other Name _____ Day Phone _____ Cell Phone _____

Employer _____ Address _____ Bus. Phone _____

Name of Relative or Childcare Provider _____ Phone _____

Relationship _____ Address _____

PART I OR II MUST BE COMPLETED

PART I – TO GRANT CONSENT:

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____ Emergency Room Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

Allergies _____

Medications being taken, history of hospitalizations, diseases child has had:

Other medical information, food supplements, modified diets, fluoride supplements

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

EMERGENCY MEDICAL AUTHORIZATION – SIDE 2

PART II – REFUSAL TO CONSENT:

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury emergency treatment, I wish the school authorities to take the following action:

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

**IMPORTANT – ALL PARENTS
PLEASE FILL OUT INFORMATION BELOW**

If we, the parent or guardian, cannot be reached or cannot pick up my/our child/children in case of an emergency or national crisis, I authorize these people, in priority order, to pick up my child/children:

NAME	RELATIONSHIP	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

We realize if there are any changes/additions/deletions in any of this information or information on the **EMERGENCY MEDICAL FORM**, we need to send it in writing ***as soon as possible***.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

HERITAGE CHRISTIAN PRESCHOOL PERMISSION FORM

ANNUAL CLASS ROSTER

Each year we prepare a roster for each group of children in our program. This roster will not be furnished to any persons other than parents of children enrolled in our program.

I **AUTHORIZE** my child's name, my name and phone number to be listed on the parent roster.

Parent's Signature: _____ **Date:** _____

I **DO NOT** authorize my child's name, my name and phone number to be listed on the parent roster.

Parent's Signature: _____ **Date:** _____

PHOTO RELEASE

During the school year, we often do videotaping and still photos of the children in the classrooms. These tapes and photos will be used for parent review, discussion, for research purposes, press releases, and promoting our program.

I **AUTHORIZE** my child _____ to be included in videotaping and photos to be carried out in the classroom:

CHOOSE ONE OPTION:

- for any and **all** use.

OR

- for yearbook and graduation slideshow use **only**.

Parent's Signature: _____ **Date:** _____

I **DO NOT** give permission for my child _____ to be included in videotaping and photos to be carried out in the classroom.

Parent's Signature: _____ **Date:** _____

ROUTINE TRIP PERMISSION

I **GIVE** my permission for _____ to participate in routine walking trips in the neighborhood when weather is permitting, with the understanding that all possible precautions are taken to insure the health and safety of my child.

Parent's Signature: _____ **Date:** _____

SUNSCREEN PERMISSION

I **GIVE** my permission for preschool staff to apply sunscreen when the weather indicates to.

Parent's Signature: _____ **Date:** _____

I **DO NOT** give permission for preschool staff to apply sunscreen when the weather indicates to.

Parent's Signature: _____ **Date:** _____

SUMMER TUITION AGREEMENT

Student's Name: _____

Self Pay Weekly installments are to be paid every Monday, in advance of services. Payments more than 5 days late are subject to a \$25.00 late fee and possible termination of services.

JOBs Monthly copays are due the first day of the JOBs monthly calendar, in advance of services. Payments more than 5 days late are subject to a \$25.00 late fee and possible termination of services.

JOBs recipients, please refer to the Heritage Agreement for possible additional charges and fees.

ANY FAMILY NOT CURRENTLY ENROLLED AS AN HCS STUDENT FOR THE UPCOMING SCHOOL YEAR MUST PAY WITH CASH, MONEY ORDER, OR CREDIT CARD FOR ALL SUMMER FUN CLUB CHARGES. NO CHECKS WILL BE ACCEPTED.

In case of early withdrawal or termination for any reason, including expulsion, the current month's installment(s) must be paid.

In case of separation or divorce, each parent is solely responsible for any and all charges incurred for the benefit of his or her child at Heritage Christian Preschool. Should the parents decide to split payments of that account, they may do so between themselves, then remit payment in full to the Preschool Director. Only one account will be opened per family.

I agree to pay the summer tuition as marked above.

Parent/Guardian Signature

Parent/Guardian Signature

Parent/Guardian Name

Parent/Guardian Name

Date

Date

Office Use Only:

Preschool School Age

Days of Attendance: Half or Full

M T W Th F

Signature of Preschool Director

Date

Field Trip



We are planning a Field Trip for the Summer Fun Club. We will be leaving at 8:00 am and returning at 11:00 am. **Breakfast will be served at 7:30 am!** We will be traveling to the Massillon Recreation Center! We will be back in time for lunch. Please be sure to have your child in swim suits upon arrival and bring a change of clothes in a plastic bag. Please be aware that we cannot take siblings on field trips.

WHERE: Massillon Rec. Center
WHEN: TBA
TIME: 8:00am – 11am



_____ has my permission to go on the field trip to swim at the Massillon Rec. Center.

My Child is:

_____ a swimmer

_____ a non-swimmer

(Parent's Signature)

Field Trip

We are planning a Field Trip for the Summer Fun Club. We will be leaving at 8:30 am and returning at 12 pm. **Breakfast will be served at 8am.** We will be going to McKinley Park for a picnic lunch and fun at the Discover Museum! The sack lunches will be provided for the students. Please sure to have your child in play clothes and tennis shoes (no opened-toed sandals please). Please be aware that we cannot take siblings on field trips.



WHERE: McKinley Park & Museum

WHEN: TBA

TIME: 8:30am – 12pm

_____ has my permission to go on the field trip planned for McKinley Park & Museum.

(Parent's Signature)

Field Trip

We are planning a Field Trip for the Summer Fun Club. We will be leaving at 8:30 am and returning at 12 pm. **Breakfast will be served at 8am.** We will be going to Metzger Park for a picnic lunch and fun! The sack lunches will be provided for the students. Please sure to have your child in play clothes and tennis shoes (no opened-toed sandals please). Please be aware that we cannot take siblings on field trips.



WHERE: Metzger Park
WHEN: TBA
TIME: 8:30am – 12pm

_____ has my permission to go on the field trip planned for Metzger Park.

(Parent's Signature)

Field Trip

We are planning a Field Trip for the Summer Fun Club. We will be leaving at 8:30 am and returning at 12 pm. **Breakfast will be served at 8am and sack lunches will be provided.** We will be going to Pump-It-Up in Hartville. **Children must wear socks!!** Please be aware that we cannot take siblings on field trips.



WHERE: Pump-It-Up
WHEN: TBA
TIME: 8:30 am – 12 pm

_____ has my permission to go on the field trip planned for Pump it Up.

(Parent's Signature)