



WE'RE ON FACEBOOK!

Teachers Pets Preschool

307 Hawkins Ave

Lake Ronkonkoma, N.Y. 11779

(631)467-8687 E-Mail: myteacherspets@aol.com WWW.Teacherspetspreschool.com

FIRST AID PERMISSION & EMERGENCY INFORMATION & PICKUP FORM

CHILDS FULL NAME: _____ **Age / Date of Birth:** _____

I give Teachers Pets Preschool Inc. Staff permission to administer first aid to my child. In case of emergency, the school staff promptly contacts the parents. If neither the parent nor the emergency phone number can be reached, and in case of surgical emergency, I hereby give permission to the physician selected by the Teachers Pets Preschool director or staff and secure proper treatment for my child as named above.

Signature _____ Parent/Guardian

Date _____

List any known Allergies: _____

Is your child receiving any of the following services? (circle all that apply)

Speech and Language // Occupational Therapy // Physical Therapy // Other _____

Home Address: _____

Home Telephone: _____ Cell or Beeper _____

Family Doctor: _____ Phone: _____

Mothers Name: _____ Fathers Name: _____

Work Address: _____ Work Address: _____

Work Telephone: _____ Work Telephone: _____

IN CASE OF EMERGENCY when neither parent can be reached, please contact:

Call: _____ Phone Number: _____

Address: _____ Cell or beeper: _____

PEOPLE AUTHORIZED TO PICKUP YOUR CHILD

In accordance with the state law we must have on file the names, addresses and telephone numbers of the individuals permitted to drop off and collect your child(ren) from our school. If someone arrives to collect your child(ren) and we have not been introduced and their name is not in our file we cannot allow your child to leave with them.

Name: _____ Relationship to child: _____

Address: _____

Home Phone: _____ Cell or Beeper: _____

Name: _____ Relationship to child: _____

Address: _____

Home Phone: _____ Cell or Beeper: _____

Name: _____ Relationship to child: _____

Address: _____

Home Phone: _____ Cell or Beeper: _____

I understand that if the name does not appear on this list, my child will not be released from school.

Parents Signature: _____ Date: _____