

# Lookout Mountain Preschool Emergency Information

(See back also)

Child's Name \_\_\_\_\_ Sex  M  F  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age as of 9/1 \_\_\_\_\_  
Allergies \_\_\_\_\_  
Physical Limitations \_\_\_\_\_

Father

Mother

Parent's Name	_____	_____
Cell Phone	_____	_____
Occupation	_____	_____
Employer	_____	_____
Home Address	_____	_____
(if different)	_____	_____
Business Address	_____	_____
	_____	_____
Business Phone	_____	_____

## Persons Authorized to Pick Up Child

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Friends or Relatives who may take responsibility in an Emergency

Name	Address	Home Phone	Business/Mobile Phone
_____	_____	_____	_____
_____	_____	_____	_____

## Statement of Authorization

I, \_\_\_\_\_ hereby give my permission to Lookout Mountain Preschool, Inc. to call a doctor for medical or surgical care for my child \_\_\_\_\_ should an emergency arise. It is understood that a conscientious effort will be made to locate me or my spouse \_\_\_\_\_ before any action will be taken. If it is not possible to locate us, this expense will be accepted by us. This authorization allows the school to transport my child via an emergency vehicle if necessary. Our Hospital of choice is:

\_\_\_\_\_ Hospital Name

\_\_\_\_\_ Address

\_\_\_\_\_ Phone

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

(See back also)

**Field Trip Permission**

I give permission for my child to go on planned Lookout Mountain Preschool, Inc. field trips by foot, private vehicle, or chartered bus. I will always be notified by the school, except for walks around the school's general area. This permission is used only for emergencies (lost or forgotten permission slips, when neither parent can be reached).

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

I agree to apply sunscreen on my child, \_\_\_\_\_ each day prior to drop off. I give permission to LMPS staff to reapply as directed by the product label. LMPS will provide Rocky Mountain Sunscreen, SPF 30, hypoallergenic.

\_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature

**Parent Handbook**

I have received the Lookout Mountain Preschool Handbook detailing the policies & procedures of the school.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_