

AUTHORIZATION CARD

Child's name: _____ Birthdate: _____

Address: _____

Parent/Guardian Name: _____ Cell #: _____

Parent/Guardian Name: _____ Cell #: _____

Email Contact: _____

Emergency Contact Name: _____ Relation: _____

Address: _____ Cell #: _____

CHILD'S MEDICAL INFORMATION

Physician's name: _____ Phone #: _____

Physician's address: _____

Insurance Company/Number: _____

Date of last Measles/Mumps/Rubella (MMR) vaccine: _____

Please List significant medical problems, allergies, current medications, physical limitations:

PHOTO AUTHORIZATION

The following student _____ has my permission to have his/her photo taken and used in the DP newsletter, DP Facebook and website for Derry Preschool purposes only. No names will be used or published.

Signature: _____ Date: _____

EMERGENCY CARE INFORMATION

In the event of an accident, injury, or sickness with respect to my child, _____, I, as parent/legal guardian, give the authority to seek and render any medical treatment deemed necessary until such time as a parent/legal guardian can be contacted.

Signature: _____ Date: _____

Turn Over →

CHILD RELEASE FORM

I give permission for the following people to pick up my child from
Derry Preschool during the 2022-2023 school year.

NAME OF PERSON

RELATION

PHONE #
