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:

_____

BLOOMZ MEDIA AGREEMENT

As the parent/guardian of _____I understand Bloomz is used in my child's preschool as a

secure communication tool between teachers and parents. I understand that photos of my child shared on the

Bloomz app will only be viewed by other parents within my child's preschool community. I understand that

images upladed on Bloomz will not be used for commercial gain or will not be sold for commercial use.

I give my permission to have my child's photo taken and used in the DP Bloomz platform.

Signature: _____ Date:_____

MEDIA AGREEMENT –PLEASE INITIAL WHICH APPLIES

As the parent/guardian of _____by initialing below I am granting Derry Preschool

permission to use photographs or videos of my child, taken during school activities for the following purposes:

To be posted on the Derry Preschool website. To be shared on Derry Preschool's Instagram and Facebook social

media platform. I understand that these images will be used for promotional and informational purposes only.

_____Yes, I grant Derry Preschool permission to use my child's image.

_____No, I do not wish for my child's image to be used.

Thank you for your cooperation and support in helping us share the wonderful experiences and activities at Derry Preschool.

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: _____

Child Release Form

I give permission for the following people to pick up my child from Derry Preschool during the 2024-2025 school year.

NAME OF PERSON	RELATION	PHONE #