

## 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: \_\_\_\_\_

Insurance Number: \_\_\_\_\_

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 uploaded 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.

Turn over →

## 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 2025-2026 school year.

NAME OF PERSON

RELATION

PHONE #

_____	_____	_____
_____	_____	_____
_____	_____	_____