

**Emergency Information - Mount Hope Preschool and Childcare \*REQUIRED**

\*Child's full name \_\_\_\_\_ \*Birth Date \_\_\_\_\_

\*Home Address \_\_\_\_\_ \*City \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Parent/Guardian \_\_\_\_\_ \*Email \_\_\_\_\_

\*Address if differs from child's \_\_\_\_\_

\*Phone (H/C) \_\_\_\_\_ \*(W) \_\_\_\_\_

\*Parent/Guardian \_\_\_\_\_ \*Email \_\_\_\_\_

\*Address if differs from child's \_\_\_\_\_

\*Phone (H/C) \_\_\_\_\_ \*(W) \_\_\_\_\_

If there is a custody situation of which we should be aware, please note below. We cannot deny a parent access to their child without legal documentation.

\_\_\_\_\_

**Two Emergency Contacts - Persons *other than parents/guardians* to be contacted in the case of an emergency**

\*Name \_\_\_\_\_ \*Address \_\_\_\_\_

\*Phone (H/C) \_\_\_\_\_ \*(W) \_\_\_\_\_

\*Name \_\_\_\_\_ \*Address \_\_\_\_\_

\*Phone (H/C) \_\_\_\_\_ \*(W) \_\_\_\_\_

**Emergency Medical Contacts**

\*Physician/Clinic \_\_\_\_\_

\*Address \_\_\_\_\_ \*Phone \_\_\_\_\_

\*Dentist \_\_\_\_\_

\*Address \_\_\_\_\_ \*Phone \_\_\_\_\_

**Allergy, Medical, Developmental, Dietary Needs / Requests**

\_\_\_\_\_

**Alternate Pick-Up Authorization - Persons *other than parents/guardians* authorized to pick-up child from MHPC**

\*Name \_\_\_\_\_ \*Phone \_\_\_\_\_

\*Name \_\_\_\_\_ \*Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Parent/Guardian Release Information**

- 1. I hereby grant permission for my child to use all play equipment and materials as well as participate in all of the planned activities at Mount Hope Preschool and Childcare.
- 2. I hereby grant permission for teachers and staff to take necessary steps to obtain emergency medical care until I can be contacted. Steps may include, but not limited to:
  - a. Attempt to contact parent(s) or guardian(s).
  - b. Attempt to contact child's physician or the local EMT.
  - c. Transporting the child in an ambulance as deemed necessary by the police or EMT.
- 3. I agree to pay all costs and fees for my child incurred during emergency medical treatment while in the care of Mount Hope Lutheran Preschool and Childcare.
- 4. I hereby grant permission for the teachers and staff to take whatever emergency measures necessary for the care and safety of my child while under the supervision of Mount Hope Preschool and Childcare.

**Contact Information**

I understand I/we, the parent(s)/guardian(s), will be contacted by phone in the case of an emergency/illness unless written directions are given to the Director stating a different plan for contact. See Handbook.

I agree to allow Mount Hope publish my contact information in a Directory to be distributed to Mount Hope Preschool and Childcare families unless a written request for exclusion from the Directory is provided to the Director.

**Electronic Images of Children**

I give permission for my child's photograph to be displayed in house as part of displays and/or artwork.

I understand I will be asked for written permission before my child's photograph is published electronically (ie. website) and/or used in print (ie. brochures) by Mount Hope Lutheran Church - Preschool and Childcare.

I will not publicly post photos/videos of a child(ren) other than my own without permission from their parents/guardians.

**Parent Handbook Agreement**

We have read and agree to comply with all policies that are presented in Mount Hope Preschool and Childcare Handbook and Health Policies. ([www.mthopelutheran.org](http://www.mthopelutheran.org))

**Parent-Teacher Conferences**

I acknowledge the opportunity provided by Mount Hope to meet with my child's teacher during the Parent-Teacher Conferences. (Fall and Spring)

**Signatures of parents/guardian(s)**

\*Signature \_\_\_\_\_ \*Date \_\_\_\_\_

\*Signature \_\_\_\_\_ \*Date \_\_\_\_\_

\*Signature \_\_\_\_\_ \*Date \_\_\_\_\_

\*Signature \_\_\_\_\_ \*Date \_\_\_\_\_

\*Signature \_\_\_\_\_ \*Date \_\_\_\_\_

\*Signature \_\_\_\_\_ \*Date \_\_\_\_\_

