



1376 Olive Street • Eugene, Oregon 97401 • (541) 984-5531

## INFORMATION AND AUTHORIZATION FORM

Name of Child: \_\_\_\_\_ Nickname: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent's Home E-mail Address: \_\_\_\_\_

### Parent(s) or guardian(s) who can be reached during the day:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Works Hours: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Works Hours: \_\_\_\_\_

### If parent of guardian cannot be reached, list alternatives below (Please, no "message" phone numbers.):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Number: \_\_\_\_\_

### List of people authorized to pick-up your child including yourself:

1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please be aware, we will not let your child leave with anyone not listed above unless previously authorized.

### PERSONAL/FAMILY INFORMATION

Siblings: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name and relationship of others living in the home: \_\_\_\_\_

OVER



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Parents' Interests/Training: \_\_\_\_\_

Please list any fears that might affect your child at school: \_\_\_\_\_

Please provide information that will help us provide a positive experience for your child. (Play and eating habits, etc.)

### HEALTH INFORMATION

Child's Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Policy/Group No: \_\_\_\_\_

Chronic Illnesses or Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Do you hold a current First Aid Card? Yes \_\_\_\_ No \_\_\_\_

Does your child have any physical or social needs for which considerations and/or accommodations may be given? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Emergency Medical Treatment Authorization

As a parent or legal guardian of the following child(ren):

Name(s): \_\_\_\_\_ Age(s): \_\_\_\_\_

I hereby authorize the Teacher's at Eugene's Parent-Child Preschool to consent to any medical or surgical treatment of the above named child(ren), which such person(s) deem advisable, if a parent or legal guardian cannot reasonably be located when the child(ren) are brought for treatment. (In the event of an accident requiring medical attention, staff will attempt to immediately contact a parent/guardian.)

The above authorization will be effective as of \_\_\_\_\_ and will expire after \_\_\_\_\_.



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Signature of Parent/Guardian

OR

Signature of Parent/Guardian