

Student Data Form

Date: _____

Student Name: _____

Birth day: _____ (please circle) **boy** or **girl**

Parent/Guardian: _____

Address: _____

Phone # _____ cell # _____

Work # _____ email _____

If student does not live at the above address, please list student's current address.

Student lives with: _____

Address: _____

Phone # _____ cell # _____

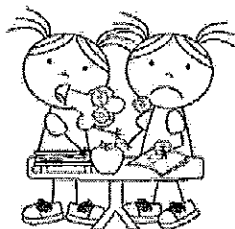
Work # _____ email _____

Does student have any medical issues that preschool staff should be aware of? **YES** or **NO**

If YES, please describe: _____

Does student have a current Individualized Education Plan (IEP)? **YES** or **NO**

Note to preschool staff - A copy of IEP or IEP-At-A-Glance should be filed with this form in Student Information Notebook (if applicable). All student information is CONFIDENTIAL.



Consent for Emergency Medical Care

Child's Name _____

Birthday _____

I give my permission for school personnel to assist my child in administering the following medications for minor injuries or illness. The school will furnish the following medications **as needed and when available**: antibiotic ointment (minor cuts & abrasions), anti-itch cream (soothe rash/hives), Vaseline (chapped lips/skin), lotion (dry skin), aloe gel (soothe sunburn), insect sting swabs (soothe bee stings, Does NOT treat allergic reaction), and saline (minor eye irritations).

I give permission for my child to receive and participate in health and related services offered by the school system. Such services may include services of a school nurse, school counselor, health educator, dental and nutrition programs, vision, speech/hearing screenings, height/weight, blood pressure, scoliosis and communicable disease screenings. If screenings are not within normal limits, parents/guardians will be notified.

In an emergency situation, if parent(s) cannot be reached, the student will be transported by ambulance to the hospital emergency room. Efforts to notify parent(s) will continue until they are reached.

List any exceptions to the above _____

Allergies/allergic reactions _____

Conditions/Concerns _____

Name of Doctor's Office _____

Doctor's Name _____

Doctor's address _____

Doctor's phone # _____

Parent/Guardian signature _____

Date _____



Dear Families,

Please complete the following questions in order to be sure that your child is safe while attending our preschool program. We need to know if your child has any food allergies or bee sting allergies. In addition, we need to know if your child has a rescue asthma inhaler.

Please complete this questionnaire and return to school.

Student's Name _____

Teacher _____

Is your child allergic to peanuts? Yes _____ No _____
Is your child allergic to tree nuts? Yes _____ No _____

Does your child have any food allergies? Yes _____ No _____
If you answered YES, please list all food allergies:

Is your child allergic to bee stings? Yes _____ No _____
Does your child have an EpiPen? Yes _____ No _____

Does your child have asthma? Yes _____ No _____
Does your child have an inhaler? Yes _____ No _____

Permission to Photograph



Children may be photographed while engaging in classroom or school sponsored activities. Children may be included in videos while participating in activities at school or at school sponsored functions. Photographs and/or videos may be used in the following ways:

- o In school yearbook
- o on school and/or district website
- o in classroom or school newsletters
- o in classroom or hallway displays
- o shared with local media (may include newspaper or television)

Please sign and return this form. Please indicate if you give permission for your child to be included in photographs or videos.

_____ I give permission for my child to be included in photographs or videos.

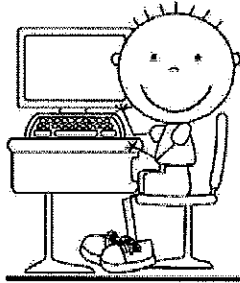
_____ Please Do Not photograph or video my child. School does not have permission to include my child in photographs or videos. Please indicate any exceptions to this statement: _____

Student Name _____

Parent/Guardian Signature

Date

Classroom Use of Movie, Video and/or Computer Games



Dear Families,

Preschool children will have opportunities to learn and to practice skills with computer technology (which may include iPad/tablet, computer, Smart Board). All programs which students may access are appropriate for preschool age children. In addition, all computer systems are equipped with filtering software in order to inhibit access to inappropriate websites. School staff will closely supervise students' choices during computer based activities.

Throughout the year, children will have opportunities to see educational and/or entertainment movies. All movies will be rated G (For All Audiences) and/or approved for preschool educational purpose. During movie/TV or computer activities, preschool children will have access to optional instructional materials.

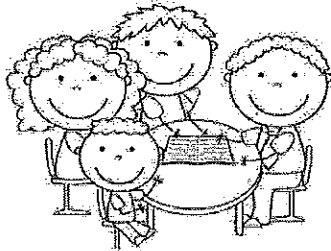
Please sign below and return in order to verify you have been informed regarding classroom use of movies, video and/or computer games.

Student Name _____

Parent/Guardian Signature _____

Date _____

**Acknowledgement of receipt
of Parent Handbook**



Dear Families,

Please read the attached Parent Handbook. If you have any questions about program policies, please ask your child's teacher.

Please sign and return this form in order to verify that you have received a copy of The Parent Handbook.

Student Name _____
_____ Parent/Guardian Signature
_____ Date