

AUTHORIZATION

In the event of a medical emergency the staff of Apple Hill Preschool has my permission to administer first aid in the best interest of **my child** _____. I understand that I will be notified immediately in case of an accident or illness so that I may make arrangements for medical care with my child's physician or hospital of my choosing. If I cannot be reached to make the necessary arrangements, or in a critical emergency requiring immediate medical attention, I hereby authorize Apple Hill Preschool to seek emergency medical treatment for my child including treatment by paramedics and transportation to **my choice of hospital** _____. In the event of severe trauma/injury, I understand that my child will be transported to St. John's Mercy Medical Center Level 1 Trauma Center.

Doctor _____ **Address** _____ **Phone** _____

Preferred Hospital _____ **Address** _____ **Phone** _____

I understand that my insurance is responsible for payment of all medical/medical emergency services. The child herein has permission to engage in all Apple Hill Preschool activities assuming all risks inherent to the nature of preschool not all of which can be foreseen. I knowingly and willingly release Apple Hill Preschool, LLC, its officers, employees, volunteers and agents, from any and all claims, liability, loss of services and courses of actions of any kind for personal injury or property damage arising in any way out of Apple Hill Preschool's program participation.

By signing below, I acknowledge that I have read the above, understand it and agree to all of its terms.

Date _____ **Parent's Signature** _____

HEALTH

Due to modern health considerations, Missouri asks that you read the following, acknowledge, and return to Apple Hill for state inspection:

I understand and agree that my child, _____ may not be accepted for school attendance when she/he is ill. I also understand that my child will be sent home if she/he is, or becomes ill. (Please refer to the Handbook or confer with your physician if you have any question concerning your child's wellness. Thank you!)

Parent's Signature _____

I understand that the required fire, health, and safety inspections are performed at Apple Hill and said inspection forms are available for review.

Parent's Signature _____

I understand that I may request notice at initial enrollment or any time there after whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.

Parent's Signature _____

PARENT/S' WORK SCHEDULE FORM*

(*Required by the State of Missouri)

CHILD'S NAME _____

MOM'S NAME _____

DAD'S NAME _____

MOM'S EMPLOYER _____

DAD'S EMPLOYER _____

MOM'S OCCUPATION _____

DAD'S OCCUPATION _____

BUSINESS ADDRESS _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____

BUSINESS PHONE _____

WORK HOURS:

WORK HOURS:

MON _____ TUES _____ WED _____

MON _____ TUES _____ WED _____

THUR _____ FRI _____

THUR _____ FRI _____

OTHER _____

OTHER _____