

Getting to Know Your Child

Child's Name: _____

Others in the Home :

(name & relationship to child)

_____	_____
_____	_____
_____	_____

Pets:

Fears/Phobias:

Specific Interests:

Likes/Dislikes:

Allergies:

Allergen

Reaction

Action Plan

_____	_____	_____
_____	_____	_____

Anything you would like us to know:

Permission Form

I hereby grant permission for my child to use all of the play equipment and participate in all the activities of the Nursery School.

Parent/Guardian Signature

Witness Signature

Date

Date

I hereby grant permission for my child to leave the Nursery School premises under supervision of a staff member for neighbourhood walks.

Parent/Guardian Signature

Witness Signature

Date

Date

I hereby grant permission for my child to be included in photographs taken for historical purposes of the Nursery School.

Parent/Guardian Signature

Witness Signature

Date

Date

I hereby grant permission for the Supervisor/Teacher to take actions deemed necessary at the time to obtain emergency medical care for my child if warranted. This may include:

- ✓ Attempt to contact parent, guardian, or the designated contact person;
- ✓ Attempt to contact the child's doctor, if needed;
- ✓ Attempt to contact another doctor, and/or call an ambulance, and/or transport the child to hospital.

I hereby grant permission for my child to receive and necessary First Aid treatment from the Supervisor/Teacher.

I agree to keep the emergency information data for my child's file accurate and current.

Parent/Guardian Signature

Witness Signature

Date

Date