

## Permission for Health Care

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Date \_\_\_\_\_

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

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

## Authorized Adults

In the event of an emergency, please indicate your name and phone numbers where you and your authorized person can be reached.

Father's Name \_\_\_\_\_  
Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Another authorized person \_\_\_\_\_ Phone# \_\_\_\_\_

## First Aid

In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary for my child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Emergency Care

In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Health Record Transfer

In the event of an emergency, I hereby authorize the transfer of my child's health record to the local hospital.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

St. Albert the Great Preschool  
Medical Form

**ALL immunization forms** from a Doctor must be on file by the FIRST day of classes.

Full Name of Child \_\_\_\_\_  
(last) (first) (middle)

Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_

Sex \_\_\_\_\_ Address \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_  
(zip)

Father's Name \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Emergency Phone Numbers:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

*Please* list any pertinent information regarding:

Allergies \_\_\_\_\_

Diseases \_\_\_\_\_

Operations \_\_\_\_\_

Serious Illnesses \_\_\_\_\_

Special Problems \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# CONSENT FOR MEDICAL TREATMENT OF MINOR

PLEASE MARK ONLY ONE PREFERRED HOSPITAL

\_\_\_\_\_ Norton Children's Hospital Downtown 502-629-6000  
\_\_\_\_\_ Norton Children's Hospital 502-893-1000  
\_\_\_\_\_ Brownsboro Norton Children's Hospital 502-446-5000  
\_\_\_\_\_ Baptist Hospital 502-897-8100

As a parent/guardian: if a potential problem exists in the event your child requires medical treatment and you are not available to give consent. In order to avoid possible delays in necessary treatment as a result of not being able to contact you, your signature on this completed form will provide the hospital with written consent to provide immediate treatment.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Medications child is taking \_\_\_\_\_

Allergies (includes all known allergies: i.e. food, drugs)  
\_\_\_\_\_

Special medical problems/surgeries (include heart, lung, diabetes history)  
\_\_\_\_\_

Date of last: Tetanus \_\_\_\_\_ Are immunizations up to date? \_\_\_\_\_ yes \_\_\_\_\_ no

Name of Father/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name of Mother/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Family Physician \_\_\_\_\_ Office Phone # \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Policy Holder \_\_\_\_\_

**Medical Treatment Authorization:** In case of a medical need involving the minor listed, I request the hospital staff to contact me (or my spouse) at the numbers provided. In the event that I (or my spouse) cannot be reached, I grant written permission to the hospital's emergency medical staff to render medical care as deemed appropriate. I (We) agree to pay for the normal and customary charges of the hospital for any treatment or medication received by said child. I also agree to notify the hospital in writing if I cease to be guardian or if there are any changes in the above authorization.

\_\_\_\_\_  
Father's/Guardian's Signature **AND** \_\_\_\_\_ Mother's/Guardian's Signature \_\_\_\_\_ Date

St. Albert the Great Preschool

**Permission to Apply Sunscreen**

I give the staff at St. Albert the Great Preschool permission to apply spray sunscreen to the body and stick sunscreen to the face of my child\_\_\_\_\_. These items will be labeled with their name and applied during the months of August/September/April/May if we are outside more than 15 minutes. All sunscreens will be kept in a secure location during the school year.

Parent Name (please print)\_\_\_\_\_Date\_\_\_\_\_

Parent Signature \_\_\_\_\_

**Field Trip Permission**

I give permission for my child\_\_\_\_\_ to move from the Preschool classrooms to the main building for either music, library, cafeteria, to the gym ,to church on a regular basis or as scheduled, to the track,to the basement of Hendrick’s Hall, Sacred Heart Building, Parish Life Center, to the large school building or to walk around the buildings. I understand that he/she will move with the Preschool staff, as required by licensing, and remain with the class at all times. This is to include our special classes in our curriculum so the children receive an enriched education in our Preschool program.

If an off-campus field trip is scheduled, I understand that I will receive information prior to the trip so I will sign a separate form for each trip.

Parent Name (please print)\_\_\_\_\_Date\_\_\_\_\_

Parent Signature \_\_\_\_\_

**Hand Lotion /Chapstick Permission**

I give permission for my child\_\_\_\_\_ to use hand lotion and or chapstick as needed during the school year. I understand that the lotion will be put on my child’s hands and they will have to rub it in. They will apply their own chapstick as needed. All items will be labeled with their names and kept in a secure location.

Parent Name (please print)\_\_\_\_\_Date\_\_\_\_\_

Parent Signature \_\_\_\_\_

## Walking from Office to Preschool Permission Form

If your child is tardy you must report to the main office. If you have signed the permission slip below, then an office or administrative staff member will walk your child from the office to the preschool classroom.

If you do not sign below then you will be responsible for walking your child over to the preschool building.

I, \_\_\_\_\_, give permission for my child \_\_\_\_\_ to walk with an office/administration staff member from the main office to the preschool classroom.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

St. Albert the Great Preschool  
Student Questionnaire (PLEASE Print) (all information is confidential)

Name \_\_\_\_\_ DOB \_\_\_\_\_ ID# \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_

Parents:

Dad \_\_\_\_\_ Cell# \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Mom \_\_\_\_\_ Cell# \_\_\_\_\_  
E-mail address \_\_\_\_\_

Siblings:

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

Grandparents:

Names \_\_\_\_\_ Live Locally \_\_\_\_\_ Out-of-town \_\_\_\_\_  
\_\_\_\_\_ Live Locally \_\_\_\_\_ Out-of-town \_\_\_\_\_

General Information:

Favorite play things \_\_\_\_\_  
Least favorite play things \_\_\_\_\_  
Outdoor play - # hrs/day \_\_\_\_\_ Alone/with others \_\_\_\_\_ Sports \_\_\_\_\_  
TV time # hrs/day \_\_\_\_\_ Video-game time - # hrs/day \_\_\_\_\_ Chores \_\_\_\_\_  
Musical instruments in home \_\_\_\_\_ Who plays \_\_\_\_\_  
Typical: Wake-up time \_\_\_\_\_ Bedtime \_\_\_\_\_ Naps \_\_\_\_\_  
General/specific fears \_\_\_\_\_  
How to soothe \_\_\_\_\_  
Foods: Favorite \_\_\_\_\_ Least favorite \_\_\_\_\_  
Allergies to foods \_\_\_\_\_ Food Restrictions \_\_\_\_\_  
Other allergies \_\_\_\_\_ Medication \_\_\_\_\_  
Previous preschool/education: \_\_\_\_\_

You want us to know:

Personality \_\_\_\_\_  
\_\_\_\_\_  
Behavior \_\_\_\_\_  
\_\_\_\_\_

Comments:

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

Enrollment Date: \_\_\_\_\_ (filled out by school staff)

## **Photo, Video, Website Release**

Family Name \_\_\_\_\_

Student First Name \_\_\_\_\_

St. Albert the Great School has permission to use my child's name, photograph, and /or videotaped images in publications, video productions, and/or school Internet Website. I do further certify that I am of full legal capacity to execute the foregoing authorization and release.

\_\_\_\_\_ I give permission

\_\_\_\_\_ I DO NOT give permission

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

ST. ALBERT THE GREAT PRESCHOOL

CARPOOL AUTHORIZATION FORM

Child's Name \_\_\_\_\_

Person Filling out Form \_\_\_\_\_

Relationship to Child \_\_\_\_\_

After school my child will:

\_\_\_\_\_ Go to Preschool After School Care every day.

\_\_\_\_\_ Go to carpool every day

My child may be picked up by any of the following people:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

Best phone number to reach at pick up time: \_\_\_\_\_

\*Preschool Students **ARE NOT** allowed to walk home with older students or siblings. Older siblings **ARE NOT** allowed to pick up preschool students. We will ID if we do not know the pick up person.



## Child Care Animal Consent Form

Center's Name: St. Albert the Great Preschool

Center's Address: 1395 Girard Avenue

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

I, \_\_\_\_\_, give my permission for my child, \_\_\_\_\_, to be in the presence of the animals listed below.

Animals:

1. Caterpillars
2. Butterflies
3. Louisville Zoo Docents: (They normally bring things like snakes, owls, lizards) The children are allowed to touch under the supervision of the Zoo Docents and teachers.
4. Ants
5. Fish
6. Dogs
7. Other: \_\_\_\_\_

I would prefer my child not to touch the animals. \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

## St. Albert the Great Preschool Checklist

2022-2023

- \_\_\_\_\_ Current Immunization form (Must Have 2 Hepatitis A shots)
- \_\_\_\_\_ Current Eye Exam (must be completed before school begins)
- \_\_\_\_\_ Permission for Health Care
- \_\_\_\_\_ Medical Form
- \_\_\_\_\_ Consent for Medical Treatment Form
- \_\_\_\_\_ Field Trip Permission Form
- \_\_\_\_\_ Sunscreen Form
- \_\_\_\_\_ Hand lotion Form
- \_\_\_\_\_ Tardy walking permission form
- \_\_\_\_\_ Student Questionnaire
- \_\_\_\_\_ Photo Release Form
- \_\_\_\_\_ St. Albert Preschool Handbook Form (last page signature)
- \_\_\_\_\_ Carpool Authorization Form
- \_\_\_\_\_ Animal Release Form