Inspirations Preschool Center

Additional Authorizations
Please Initial or sign in spaces that you authorize.

Child's Name_____

_____ EMERGENCY TRANSPORTATION AUTHORIZATION

Permission is given for the Inspirations Preschool Center to arrange for emergency transportation to the nearest emergency medical facility, if a parent or authorized representative is unable to transport the child. When Necessary an ambulance or other emergency vehicle will transport the child.

_____ CLASS ROSTER

Permission is given to have the following information printed and distributed to student's classmates and their families as part of the class roster:

_____ Child's Name
_____ Parent or Guardian's Names
_____ Home Address
_____ Telephone Number

_____ POSTING OF ALLERGIES

Permission is given to post my child's allergies in the office and classroom as a precaution for all staff members or substitutes who may be serving meals or snacks .

_____ PHOTOGRAPHS

Permission is given to the Inspirations Preschool Center to take photographs of my child to be used in the classroom and on our website. (children's names will not be printed with pictures on the website.)

_____ SUNSCREEN PERMISSION

Permission is given to the Inspirations Preschool Center staff to apply sunscreen to my child as needed during the school day.

RELEASE OF CONFIDENTIAL INFORMATION TO A THIRD PARTY

Should it become necessary to share confidential information with a third party concerning your child's health, behavior, development and/or social interaction, the IPC will ask you to sign below. The IPC would conference with your family before making this request.
Permission is given to share information about my child with:

1._____ _____
Name of Third Party Date

_____
Signature of Parent or Guardian

2._____ _____
Name of Third Party Date

_____
Signature of Parent or Guardian