

Emergency Contact Information

EMERGENCY CONTACT (IF PARENTS/GUARDIANS CANNOT BE REACHED)

	Name	Contact Number	Relationship
1.	_____	_____	_____
2.	_____	_____	_____

Medical Information

Medical History (Please indicate if your child has had any of the following)

- ☐ Anemia ☐ Convulsions of Seizures ☐ Heart Disease ☐ Rheumatic Fever ☐ Asthma ☐ Diabetes
☐ Measles ☐ Skin Problems ☐ Chicken Pox ☐ German Measles ☐ Mumps ☐ Tuberculosis

Allergies (please list types) _____

Has your child been under the care of a psychiatrist or other mental health treatment provider? ☐ Yes ☐ No

Please list other significant illness, accidents, surgery, limitations, disabilities and medications the school should be aware of.

Primary Physician _____ Clinic _____ Contact Number _____

Other Information

1. What school is your child currently attending? _____
2. Please give information about your child that will be helpful to the teachers.

For example: special interests, strengths and weaknesses: _____

3. If there is anything else we should know about your family life or circumstances that may be relevant to your child's performance, please describe below:

Permission

1. Permission for Public Release Photos: ☐ Yes (if yes, please sign below) ☐ No

I gave permission for Sesame International Preschool to publish my child's picture on the school's web page, Sesame International Preschool's facebook page and other information material. I understand that my child's photo will not be sold or used in any other way by Sesame International Preschool and that my child's name will NOT be printed in conjunction with the photo.

2. Permission for Study Trip: You will be asked to sign a permission form for your child to participate off school activities.
3. Permission for student pick-up:

For the safety of our students we request that only the legal guardian pick up a child from school. If your child will be picked-up by NON designated / authorized person, please ask to the school office to get the "Student Pick-up Form" in advance.

I do understand and agree above permissions;

Date:

Parent's Signature:



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