

**PRESCHOOL
PERMISSION FORM
2023/2024**

Student Name: _____

Grade: _____

I acknowledge that I have verified all **HOUSEHOLD INFORMATION**, and have made any necessary corrections in the household information section of the Parent Portal. If any of the information on this form changes during the academic year, I will submit a new form to the appropriate division administrative assistant.

Health Information

Does _____ have any health conditions (e.g., allergies such as bee stings, latex, poison ivy, etc.), chronic conditions, fears or special circumstances (e.g., religious convictions or legal arrangements) which may affect program participation or that we should know prior to emergency treatment?

() **NO** () **YES** – If Yes, please explain _____

Does _____ have any food/environmental allergies? If so, please list below and attach a thorough emergency care plan to be followed in case of exposure to the allergen.

Does _____ have a special diet (e.g., vegetarian, no pork, gluten free, etc.)?
() **NO** () **YES** –If Yes, please explain: _____

List any medications regularly taken at home or at school (including over-the-counter):

Does _____ carry an inhaler? () **NO** () **YES** Does _____ carry an epi-pen? () **NO** () **YES** *If yes, Kentucky State law HB 353 requires you to complete a **Medication Authorization Form**, which is available in each school division office or in the academic section of the school website.

Emergency Contact Information

Emergency Contact Person (If Parent/Guardian not available)

Name & Relationship of Primary Person _____ Phone _____

Name & Relationship of Secondary Person _____ Phone _____

Hospital/Physician Information

Physician Name _____ Physician Phone _____

Hospital/Clinic Preference (**you must choose a hospital as this is required**) _____

Insurance Company _____ Policy # _____

Has your child been examined by any of the following:

Specialist	Date	Results	Diagnosis
Allergist	_____	_____	_____
Audiologist	_____	_____	_____
Cardiologist	_____	_____	_____
Dentist	_____	_____	_____
Geneticist	_____	_____	_____
Ophthalmologist	_____	_____	_____
Otolaryngologist (ENT)	_____	_____	_____
Neurologist	_____	_____	_____
Occupational Therapist	_____	_____	_____
Physical Therapist	_____	_____	_____
Speech Language Pathologist	_____	_____	_____
Developmental Interventionists	_____	_____	_____
Other	_____	_____	_____

****If yes, please provide us with any pertinent reports and/or accommodations recommended.****

Other information or special circumstances the school should be aware of:

Participation Consent

Animals

Sayre School has multiple classrooms with the following animals: fish, turtles, frogs and hermit crabs

YES I consent for my child to be around the listed animals. **NO** animal exposure

Sunscreen

We ask that all parents apply sunscreen to children prior to morning drop off. However, we do keep a supply of *Coppertone Water Babies Sunscreen SPF 50* that can be applied, with parent permission, to children who appear to be burning. Sunscreen may be applied, but not limited to the face, ears, nose, bare shoulders, arms and legs. Parents may also choose to provide their own sunscreen for application on their own child, but must fill out a separate, sunscreen permission form.

YES I give my permission for Sayre to apply *Coppertone Water Babies Sunscreen SPF 50* to my child while at school as needed.

NO I will provide a different sunscreen for my child's use which Sayre may apply to my child as needed. (If this option is chosen, a separate sunscreen permission form, available in the office, must be completed to be kept on file).

NO For medical or other reasons, please do not apply sunscreen to my child.

Play Equipment

NO **YES** I give permission for _____ to use all play/sports equipment and participate in all activities of the school.

Walking On Campus Between buildings and Playgrounds

NO **YES** I give permission for _____ to take supervised walks between buildings on Sayre's campus. Students will walk from their classroom to the Buttery, the Library, the Extended Day building, the gym, and the playgrounds as a part of their daily routine.

Emergency Medical Release

I attest that my child's immunizations are current as required by the Department of Health and the State of Kentucky.

In the event that my child is in need of medical attention, I grant the Head of the school division, or her/his designate, the right to act in my child's best interest and obtain such medical attention as deemed necessary.

Parent/Legal Guardian Name (printed) _____

Parent/Legal Guardian's Signature _____

Date: _____