

Student Information/Medical/Release Form

Part 2 of 2

Additional Health Information

Doctor _____ Phone _____ Address _____ Last Physical _____

Medical Insurance Carrier _____ ID# _____ Group # _____

Dentist _____ Phone _____ Address _____

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

I, hereby give permission that my child, _____
May be given emergency treatment by a qualified Stepping Stones Preschool Staff Member at **Stepping Stones Christian Preschool** 3008 36th Street NW Bldg. B & H or 6220 38th Ave NW, Gig Harbor, WA 98335. When I cannot be contacted, I authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I also certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Parent/Guardian Signature

Date

Parent/Guardian's Signature

Date

RELEASE INFORMATION

Other than you, who has Permission to pick up your child? As the child's legal parent/guardian we authorize release of our child to the following people: Note: Must be 18 yrs. or older

Name

Relationship

cell/phone number

Address

Please notify our Director or staff if a designated person other than you, will be picking up your child. Only the people noted above will be allowed to pick up your child and they should be prepared to show photo identification.

Who does not have permission to pick up your child?

Full Name _____ Relationship _____

Give a brief explanation as to why this person may not pick up your child _____

Photo Permission

YES ___ NO ___ I hereby grant Stepping Stones to Learning Inc. AKA Stepping Stones Christian Preschool and/or Little Steps all Day Christian Learning Center permission to use my child's likeness in photograph(s) in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Stepping Stones to Learning Inc. AKA Stepping Stones Christian Preschool and/or Little Steps all Day Christian Learning Center, in perpetuity, and for other use by Stepping Stones to Learning Inc. AKA Stepping Stones Christian Preschool and/or Little Steps all Day Christian Learning Center. I will make no monetary or other claim against Stepping Stones to Learning Inc. AKA Stepping Stones Christian Preschool and/or Little Steps all Day Christian Learning Center for the use of the photograph(s). I understand that Stepping Stones to Learning Inc. AKA Stepping Stones Christian Preschool and/or Little Steps all Day Christian Learning Center will not publish or use any personal information about my child.

Trip Permission

I give permission for my child _____ to participate on YES ___ NO ___ Campus only fieldtrips, YES ___ NO ___ Campus and offsite field trips, that Stepping Stones Preschool conducts. For offsite field trips I understand that I will either personally drive my child or arrange for other transportation to the activity for my child.

Parent/Guardian signature _____

Date _____