



**MEDICAL EMERGENCY STATEMENT
PERMISSION TO TAKE THE CHILD OFF THE PREMISES
CHILD'S SCHEDULE AND INTEREST
---FORMS---**

MEDICAL EMERGENCY STATEMENT

I hereby give **Creative Beginnings Pre-School Academy** permission to take my child, _____ to a hospital for medical treatment when I cannot be reach.

Parent's Signature: _____ Date: ____/____/____

PERMISSION TO TAKE THE CHILD OFF THE PREMISES

I hereby give **Creative Beginnings Pre-School Academy** permission to take my child, _____, on excursions off-site that might include, but not limited to field trips, library and park.

Parent's Signature: _____ Date: ____/____/____

CHILD'S SCHEDULE AND INTEREST

The following information will assist Creative Beginnings Pre-School Academy to understand and care for your child.

Please describe your child's eating habits: (Food likes and dislikes; Food allergies): _____

Describe the play activities that your child likes, both indoors and outdoors: _____

Describe your child's naptime habits: _____

Describe your child's toilet and hygiene habits: _____

Does your child have any allergies? No Yes (if yes, what?) _____

Is your child allergic to any medicines? No Yes (if yes, what?) _____

Does your child have any known medical problems? No Yes (if yes, what?) _____

Is there any other special information that is important to your child's care? No Yes (if yes, please describe) _____

Parent(s) Signature: _____ Date: ____/____/____