

CLIFTON PARK CENTER BAPTIST PRESCHOOL
Emergency Medical Release

I give my permission to the Director, or other person in charge, of the Clifton Park Center Baptist Preschool to secure medical care for my child **in the event** of an accident or illness requiring immediate emergency attention.

CHILD'S NAME: _____

PARENT or GUARDIAN: _____

PHONE: (home) _____ (work) _____ (cell) _____

ALTERNATE: (To contact if parent or guardian cannot be reached) _____ PHONE: _____

DOCTOR'S NAME & PHONE: _____

HOSPITAL PREFERENCE, if any _____

SIGNATURE _____ DATE _____

CLIFTON PARK CENTER BAPTIST PRESCHOOL
Field Trip Permission Form

The Pre-k and 4year old classes go on approximately one field trip a month. The 3 year old classes will have some trips in the spring. You will be notified in advance of each trip. Please sign below to indicate that your child has permission to go on the field trips. If you are sharing a ride, please remember to leave your child's car seat or booster seat on the day of the trip! TEACHERS CANNOT TRANSPORT STUDENTS.

My child(ren) _____ has/have permission to go on field trips with their class at the Clifton Park Center Baptist Preschool.

SIGNATURE _____ DATE _____

CLIFTON PARK CENTER BAPTIST PRESCHOOL
Dental Report

The New York State Department of Health requires that all children entering preschool must have a dental exam to check teeth and gums. Please provide the following information:

NAME OF CHILD(REN): _____

ADDRESS: _____

DATE OF DENTAL EXAMINATION: _____

NAME OF DENTIST : _____

ADDRESS OF DENTAL/MEDICAL OFFICE: _____

PHONE # OF DENTAL/MEDICAL OFFICE: _____

