

ST. ALBAN'S PRE-SCHOOL
1 Church Lane, Oakland, NJ 07436
(201) 337 – 5928 * FAX (201) 651 - 9486

AUTHORIZATION FOR CHILD PICK-UP

I authorize the following people to pick up my child from St. Alban's Pre-School. All others must present a written request from me for my child to be discharged into their hands, and such in writing absolves St. Alban's Pre-School from responsibility after the child leaves the school. All written request will remain on file at the school. St. Alban's Pre-School has the right to verify identification by asking for proof, such as a driver's license.

_____ (Date) _____ (Parent's Signature)

Name: _____

Address: _____

Relationship to Child: _____

Name: _____

Address: _____

Relationship to Child: _____

Name: _____

Address: _____

Relationship to Child: _____

Name: _____

Address: _____

Relationship to Child: _____

PARENTAL CONSENT TO ADMINISTER MEDICINE

Medication shall only be administered by St. Alban's Pre-School personnel upon my written request and will only be that prescribed by a physician. When I authorize St. Alban's Pre-School personnel to administer medication to my child during school hours, I hereby absolve St. Alban's Pre-School from any responsibility for any ill effects that may occur from the administration of such medication.

_____ (Date) _____ (Parent's Signature)

PARENTAL CONSENT FOR EMERGENCY TREATMENT

I hereby authorize St. Alban's Pre-School to call an emergency ambulance in case of accident or acute illness, and to allow possible emergency care if I am not immediately available. In the case of an emergency, if I and/or my physician cannot be reached, I hereby authorize the Administrator/Director of St. Alban's Pre-School to provide any necessary medical treatment. It is understood that I will be advised of the nature and extent of such treatment.

(Date)

(Parent's Signature)

PARENT RECEIPT OF INFORMATION:

- ❖ **General Information Letter**
- ❖ **Information to Parents Document**
- ❖ **Policy on the Release of Children**
- ❖ **Positive Guidance and Discipline Policy**
- ❖ **Policy on Methods of Parental Notification**
- ❖ **Policy on Communicable Disease Management**
- ❖ **Expulsion Policy**
- ❖ **Policy on the Use of Technology and Social Media**

I have read and received a copy of the information/policies listed above.

Child(ren)'s Name:

Parent/Guardian's Name

Signature

Date