



Required Preschool Forms 2019-2020

The following Forms are required to be on file for each child in attendance at Greystone Baptist Preschool:

- 1) Medical Authorization Form – This form gives us permission to provide first aid in the event of a mishap at school or call for an ambulance in the case of an emergency. According to North Carolina law, we are not allowed to have your child on site without you unless we have this form on file.
- 2) Release Form – This form provides the names of all adults who are allowed to pick your child up from school. Any person you might send to pick up your child should be listed. We will need to have this form on file before you drop your child off the first day.
- 3) Doctor's Report – We must have a report from your child's doctor stating that he/she is well enough to attend preschool. We will gladly accept a report on your doctor's own form. Doctor's report must be turned in to us by October 1st.
- 4) Immunization Record – An up-to-date immunization record is required to be filed with us each year. Immunization record must be turned in to us by October 1st.
- 5) Handbook Receipt/Picture Permission/Remind.com Opt in form

Please download forms, fill them out and return them to the preschool. You may email them to weekdaypreschool@greystonechurch.org, mail them to us at 7509 Lead Mine Road, Raleigh, NC 27615, drop them off at the preschool or bring them to Parent Open House on August 27th at 7:00pm.

Greystone Baptist Church Preschool
Authorization for Emergency Hospital or Medical/Dental Treatment

In case of emergency due to illness or accident, when it is thought advisable by the Greystone Baptist Church Preschool staff for my child to have immediate medical/dental attention, I hereby authorize Greystone Baptist Church staff to send my child _____ (child's name) to the nearest hospital or medical/dental facility and to administer standard, approved first aid procedures until such time as prompt medical/dental care can be secured. I understand that every effort will be made to contact me immediately.

I agree to meet with the staff member at the hospital or medical/dental facility as soon as possible after being notified, or to come for my child when he/she is suspected to have a contagious disease or is too ill to remain at school. In the event I am not able to be contacted during an emergency, I hereby authorize _____ (emergency contact person's name) to make any decisions necessary for the well-being of my child.

(signature of Emergency Contact Person)

(Address)

(City) (Phone)

Dentist Name: _____ Phone# _____

Doctor Name: _____ Phone# _____

Date: _____ Signed: _____
(Parent or Guardian Signature)

Date: _____ Witness: _____

Address: _____

Greystone Baptist Church Preschool
Release Form

Name of Child: _____

Days Attending Preschool: M T W TH F

Please list below the names of adults you have authorized to pick up your child from preschool. Be sure to include your name and your spouse's name if you will be the persons picking up your child.

If your child will be picked up by several different people, please indicate the days beside the person's name.

Name	Days Picking Up
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

This form is to give permission for the adults listed above to pick up my child,

_____ (child's full name) from Greystone Baptist Church Preschool. No other person will be allowed to pick up your child unless his/her teacher receives WRITTEN permission to do so. Any persons picking up your child who are NOT listed on this form but have written permission from you will be required to show identification at the door before your child will be released to him/her. There will be NO EXCEPTIONS.

Signature of Parent

Date

Greystone Baptist Church Preschool
Handbook Acceptance Receipt

I have received a copy of the 2018-2019 Parent Handbook and agree to adhere to the policies listed. I am aware that a copy of the Greystone Baptist Church Preschool Policies is available to me upon request from the Director.

Childs name _____

Parent signature _____ Date _____

Picture/Video Permission

As we work to update and improve our Greystone Baptist Church Preschool website and keep parents informed on our Facebook page, we will periodically be posting pictures of our activities. At no time will any child's name be posted. Please sign below and designate whether or not we have permission to use your child's picture on these sites.

- No, do not use my child's picture online.
- Yes, you may use my child's picture online.

Signature _____ Date _____

Remind.com opt in

I would like to receive occasional texts or emails notices regarding upcoming events and emergency notifications. Please contact me at the following phone number (text) or email address:

CHILDREN'S MEDICAL REPORT for Greystone Baptist Preschool

Name of Child _____ DOB: _____

Name of Parent or Guardian _____

Address of Parent/Guardian _____

PART A. Medical History (May be completed by Parent)

Is child allergic to anything? No ____ Yes ____ If yes, what? _____

Is the child currently under a doctor's care? No ____ Yes ____ If Yes, for what reason? _____

Is the child on any continuous medication? No ____ Yes ____ If yes, what? _____

Any previous hospitalizations or operations? No ____ Yes ____ If yes, when and for what? _____

Any history of significant diseases or recurring illness? No ____ Yes ____ :
Diabetes No ____ Yes ____; Convulsions No ____ Yes ____; Heart Trouble No ____ Yes ____
If others, what/when? _____

Does the child have any physical disabilities? No ____ Yes ____ If yes, please describe _____

Signature of Parent/Guardian _____

PART B. Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the NC Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DEHNR standards for EPSDT program.

Height _____% Weight _____%

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____

Throat _____ Neck _____ Heart _____ Chest _____ Adb/GU _____

Ext _____ Neurological System _____ Skin _____

Results of tuberculin test, if given: Type _____ Date _____ Normal _____ Abnormal _____

Any other recommendations? _____

Signature of Authorized Examiner/Title _____

Date of Exam _____ Phone # _____

Office Address (may use address stamp) _____