

Attach 2" x 2" current  
Photo of child here

## Rivendell Preschool Emergency and Pick-up Authorization

**It is crucial that this information is up to date. Please notify the Preschool office of any changes**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent: _____ Address: _____ Home Phone: _____ Cell Phone: _____ Email: _____ (all school email will be sent to this address)	Parent: _____ Address: _____ Home Phone: _____ Cell Phone: _____ Business Phone: _____ Email: _____ (all school email will be sent to this address)
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If your child has a daily caregiver please fill in the following information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Names and phone numbers of all those who have your permission to pick up your child from school.**

**Please note:** If you child is being picked up at any time by anyone other than you or your usual, daily caregiver, please email [Kara.Pereira@rivendellnyc.org](mailto:Kara.Pereira@rivendellnyc.org) and the classroom teachers with the person's name and contact number. Please ask them to bring photo ID.

Name	Home Phone	Work Phone	Cell Phone

Names and phone numbers of friends or relatives who should be called in the event your child gets ill during school or is not picked up at dismissal time and neither you nor your caregiver can be reached:

Name	Home Phone	Work Phone	Cell Phone

Please inform them that you have given the school their names and give them directions to the school and the school phone number (718-499-5667). New caregivers will be asked to show ID.

Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address and cross streets:

List all medications your child takes regularly:

List all allergies and medical conditions:

List any foods your child cannot eat for medical or religious reasons:

I authorize Rivendell Preschool to obtain necessary emergency medical treatment for my child, including calling 911, at the closest emergency room with the understanding that the school will notify me as soon as possible.

I authorize Rivendell Preschool to administer a child epinephrine auto-injector in the event of signs of anaphylaxis. I understand that Rivendell Preschool keeps child epinephrine auto-injectors on site in accordance with Department of Health and Mental Hygiene regulations.

I authorize Rivendell Preschool to apply sunscreen as needed or other non-prescription ointment or cream to my child as directed.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_