Rivendell Preschool
Emergency and Pick-up Authorization

This information MUST BE up to date. Please notify the Preschool Office of any changes.

Child's Name: _____ Date of Birth: _____

Parent: _____ Address: _____ _____ Cell Phone: _____ Work Phone: _____ Email: _____ (All school emails will be sent to this address.)	Parent: _____ Address: _____ _____ Cell Phone: _____ Work Phone: _____ Email: _____ (All school emails will be sent to this address.)

Your child's caregiver information, if any:

Name: _____ Cell Phone: _____

Authorized Pick-up List

The list of people who **have your permission to pick up your child from school.**

Name	Cell Phone	Work Phone

NOTE: If your child is being picked up by someone other than you or your daily caregiver, please email **So Lee** at so.lee@rivnedellnyc.org with the person's name and contact information. Please ask them to bring photo IDs.

Emergency Contact List (required)

The list of people who should be contacted in the event your child is either ill or is not picked up at dismissal time, and neither you nor your caregiver can be reached:

Name	Cell Phone	Work Phone

NOTE: Please inform your emergency contact(s) that you shared their information with the school. Make sure they have directions to the school and the school phone number (718-499-5667). New caregivers will be asked to show ID.

Medical Information and Authorization

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 an epinephrine auto-injector to my child 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 any other non-prescription ointment or cream to my child as directed.

Parent's Signature: _____ Date: _____

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