



2025-2026 ALLERGY/CONSENT FOR EMERGENCY MEDICAL CARE/PARENT HANDBOOK

Please complete the following questions in order to be sure that your child is safe while attending our Preschool program.

Student Name: \_\_\_\_\_ Classroom: \_\_\_\_\_

- Is your child allergic to any bug sting? Yes \_\_\_\_\_ No \_\_\_\_\_
- Is your child allergic to peanuts? Yes \_\_\_\_\_ No \_\_\_\_\_
- Is your child allergic to any tree nut? Yes \_\_\_\_\_ No \_\_\_\_\_
- Does your child have any food allergies? Yes \_\_\_\_\_ No \_\_\_\_\_
- Does your child have asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to any question, please explain: \_\_\_\_\_

- Does your child have an EpiPen/EpiPen Jr.? Yes \_\_\_\_\_ No \_\_\_\_\_
- Does your child have an inhaler? Yes \_\_\_\_\_ No \_\_\_\_\_
- Other Medical Equipment? Yes \_\_\_\_\_ No \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

In an emergency, I give my consent for the First Aid and CPR certified staff of Farmville First Steps Preschool to administer First Aid and CPR to my child and to contact the above named physician or dentist if my child has a medical emergency. I also give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees.

Preferred Medical Facility: \_\_\_\_\_

In an emergency, adults to be contacted if parent cannot be reached and whom the child can be released:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I acknowledge that I have read the parent handbook and agree to abide by the policies contained in it.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

(OVER!)



2025-2026 PERMISSION TO PHOTOGRAPH AND FACEBOOK PERMISSION FORM:

Children may be photographed while engaging in a classroom or school sponsored activities. Children may be included in videos while participating in activities at school or at school sponsored functions.

Photographs and/or videos may be used in the following ways:

- In a school yearbook
- On school and/or district website
- In classroom or school newsletters
- In classroom or hallway displays
- Shared with local media (may include newspaper or television)

Please sign and indicate if you give permission for your child to be included in photographs or videos (if you have special circumstances where some things are allowed and others are not allowed, please indicate below).

\_\_\_\_\_ I give permission for my child to be included in photographs or videos.

\_\_\_\_\_ Please do not photograph or video my child. School does not have permission to include my child in photographs or videos. Please indicate any exceptions to this statement:

\_\_\_\_\_

Student Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

If you would like to see some ADORABLE Preschool pictures throughout the year on a SECRET GROUP on Facebook, please do the following so you can be a part of this exciting and interactive social media site for watching our sweet friends:

1. On Facebook, find and request to be a friend of MorganandMarianne Wilder Foster.
2. Send Marianne a message that you are a Preschool parent.
3. Marianne will accept your friend request and then add you to the Secret Group called "Farmville First Steps Preschool 2025-2026."
4. Accept the invitation to the Secret Group.

Hope to see you on Facebook soon so you can enjoy these sweet moments that your children are experiencing!!! God bless you and thank you for sharing your little ones with us! (OVER!)