



EMERGENCY CONTACT/PARENTAL CONSENT FORM

Child/Family Information		
Child's Name	Birthdate	
Emergency Contact Person(s): should be local and authorized to pick up your child		
Name	Relationship to child	Best #: home or cell
Name	Relationship to child	Best #: home or cell
Person's to whom child may be released: in addition to those listed above		
Name	Relationship to child	Best #: home or cell
Name	Relationship to child	Best #: home or cell
Medical Information		
Name of Child's Physician/Medical Care Provider		Phone #
Special Disabilities (if any)	Allergies (If any, please submit blue Emergency Medication Dispensing Form)	
Medical or dietary information necessary in an emergency situation		
Health insurance coverage for child		Policy #
Parent(s) signature is required for each item below to indicate parental consent		
Obtaining Emergency Medical Care: _____ I authorize Good Beginnings to call an emergency ambulance in case of accident or acute illness and to arrange for necessary emergency medical and surgical care in case I am not immediately available. Any qualified physician called by Good Beginnings may treat my child and do whatever is necessary for his or her health and well-being. I agree to accept responsibility for the cost of any medical services. I understand that a conscientious effort will be made to notify me before such action is taken.		
Administration of minor first-aid procedures: _____		
Walks & Trips: _____		

Good Beginnings Student Photo Use Policy and Agreement

During the year, Good Beginnings staff will often have the opportunity to photograph and/or videotape our students in a variety of school-related activities (classroom activities, school events, field trips are a few examples of these activities). As such, these photographs and/or videotape footage may be posted in the classrooms, hallways, used in slideshows and/or posted on the website or social media; however **no names will be used to identify any students at any time**. Highlighting these activities and events is an integral part of communicating to current and prospective families. Therefore, parents/guardians are requested to indicate their wishes regarding the school's use of student photographs, videotapes or images.

CONSENT TO STUDENT PHOTO USE POLICY FOR PARENTAL RELEASE:

I, the parent/guardian of (student name, please print) _____ have read and therefore understand the Student Photo Use Policy and Agreement, and **permit** Good Beginnings Preschool and Kindergarten to use photographs, videotapes and/or images of my child under these terms and conditions. I do this with full knowledge and consent and waive all claims for compensation for use, or for damages. I also understand that Good Beginnings is **not responsible** for photos, videos and/or images that may be taken by other parents or individuals that are posted on social media.

Signature of Parent/Guardian: _____ Date: _____

If you prefer not to consent to the photo use policy as outlined above, please see the office for the refusal to consent form, which must be signed and returned to the school.