



Pleasanton Community Services
Gingerbread Preschool 2014-2015
Emergency Medical Release

FAMILY INFORMATION

Child's name (first, last): _____ Birth date: _____

Mother's Name: _____ Lives with child: YES NO

Mother's Address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Ext. _____ Cell Phone: (____) _____

Father's Name: _____ Lives with child: YES NO

Father's Address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Ext. _____ Cell Phone: (____) _____

E-mail Address: _____

(Please Note: You will receive emails from the City of Pleasanton, Gingerbread Preschool, your child's Teacher and Room Parents at the email address given.)

MEDICAL INFORMATION

Food Allergies (life threatening) _____

If your child has a life threatening food allergy contact the Preschool Office IMMEDIATELY at 931-3430 to complete the Emergency Action Plan Form.

Food Restrictions (non life threatening) _____

Other Medical Limitations or Special Needs: _____

CONSENT TO MEDICAL TREATMENT OF MINOR

In the event of a medical emergency involving my child, the staff of Gingerbread Preschool may deem it necessary to obtain professional medical attention for my child by calling 911. I authorize any licensed physician to perform any procedure, including the administration of anesthesia that the physician deems advisable to treat any illness, medical complication, allergic reaction, or injury that my child may experience.

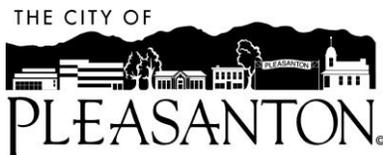
I authorize any City of Pleasanton employee to perform any procedure, including but not limited to the administration of epi-pens or medication (whether over the counter or prescription) that I have described in the Emergency Action Plan Form for Life-Threatening Allergies/Medical Condition to treat any illness, medical condition, allergic reaction, or injury that my child may experience. I realize that there is a possibility of complications and undesired and unforeseen consequences in any medical treatment and I assume any such risk on behalf of my child.

I represent that I am a parent or legal guardian of the child and I hereby agree to defend, hold harmless, and indemnify the City of Pleasanton, its Council, officers, employees, agents, and volunteers from all liability, loss, costs, claims, or damages whatsoever that may be imposed upon said parties due to the medical treatment, or lack thereof, given to my child.

I have read this release, understand its legal implications, and agree to its terms.

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____



Release Authorization and Waiver, Program Waiver & Photo Consent

RELEASE AUTHORIZATION

List all persons, **including yourself** and any other parent/guardian, who are authorized to pick up your child. They must be at least 18 years old. Both parents/guardians are presumed to be authorized to have contact with your child unless a signed and filed court order states otherwise and is submitted to Gingerbread Preschool and the Pleasanton Police Department. Gingerbread may ask for government-issued identification (e.g. California Driver's License) before the child is released to an individual listed below.

If I do not pick up my child at the designated time, if there is an emergency, or if I cannot pick up my child when my child is ill, I hereby give the Gingerbread Preschool staff permission to release my child to a person named on this form in the following order.

Child's Name: _____

Name (last, first)	Home Phone #	Cell Phone #	Work Phone #	Relationship

WAIVER FOR RELEASE

I (on behalf of my child) waive, release and discharge the City of Pleasanton, its Council, officials, employees, and agents ("City of Pleasanton") for any and all claims for damages for personal injuries or property which I or my child and our heirs, assigns, executors, or administrators may have or may accrue on my and my child's behalf as a result of the release of my child to any person named on this form, **except for injury or damage caused by the sole negligence or willful misconduct of the City of Pleasanton.**

PROGRAM WAIVER

I attest that my child is physically fit and sufficiently prepared for this program. I understand that my child's participation in this program is voluntary. I further understand that serious accidents could occur during Gingerbread preschool programs, including broken bones, head injuries from falling off of playground equipment, collisions with other children, and that participants, including my child, could sustain personal injuries, even death. Knowing these risks, and in consideration of my child's participation in the above referenced program, I hereby agree to the following:

I (on behalf of my child) assume the risk of personal injury and property damage, and waive, release and discharge the City of Pleasanton, its Council, officials, employees, and agents ("City of Pleasanton") for any and all claims for damages for personal injuries or property which I or my child and our heirs, assigns, executors, or administrators may have or may accrue on me or my child's behalf as a result of my child's participation in this program, except for injury or damage caused by the sole negligence or willful misconduct of the City of Pleasanton.

PHOTO CONSENT

Unless otherwise indicated, I consent to the City's editing and use of any photographs that are taken of me or my child while participating in the City's programs for use in classroom projects or in the City's brochures and flyers that are distributed both as printed documents and on the internet. I understand that my child's name will not be identified with such brochures and flyers, and I agree that neither me nor my child will receive any compensation for use of these photographs. I agree that photographs and videotape which I or my family take at Gingerbread are for our personal use only, and that selling images of any photo or video taken at Gingerbread preschool for commercial purposes is prohibited and a violation of the Gingerbread Preschool Program Guide.

I agree to accept and abide the rules and regulations set by the City of Pleasanton. I have read this waiver and consent, understand its legal implications, and agree to its terms.

Parent/Guardian's Signature _____ **Date:** _____

Print Name: _____



Gingerbread Preschool

Tell Us About Yourself

Instructions: This questionnaire will help our teachers to build connections with your child. Please take a few moments to answer the following questions.

Child's Name _____

Does your child have any siblings? No Yes

If yes, what are their names and ages?

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

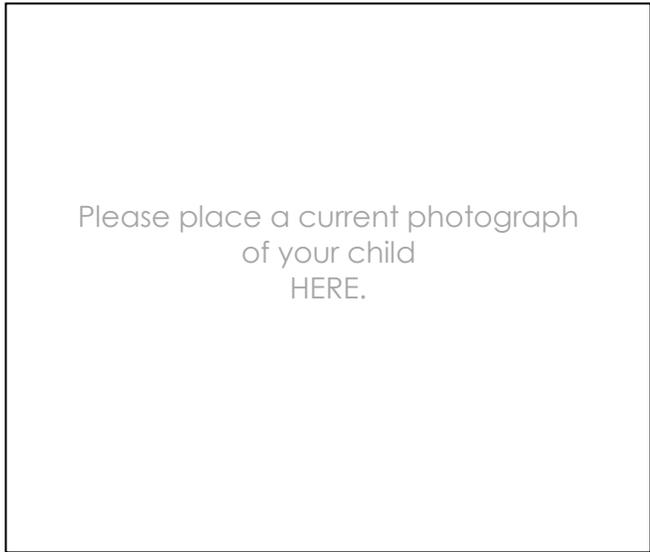
Does your family have any pets? No Yes (If yes, share what kind of pet and their name)

How does your child get along with others of their own age?

What are some things your child likes? (example: horses, dinosaurs, trains, cooking, reading, etc.)

Is there anything you think we should be aware of, special needs, medical condition etc.?

What language(s) does your child speak?





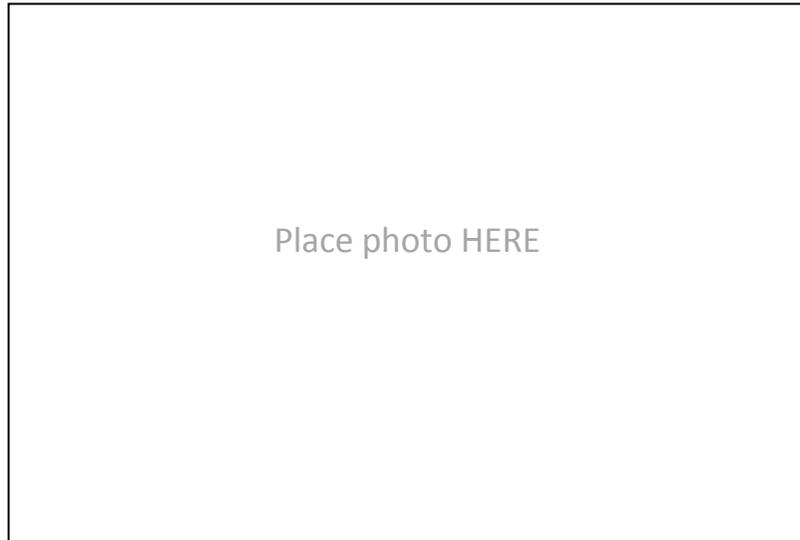
Gingerbread Preschool

Your 1st Day at Gingerbread Preschool

Instructions: Write a note of encouragement to your child i.e. "We are so excited for your first day of preschool" and turn into the teacher on the first day of school.

Dear _____,
(child's first and last name)

Today is _____ and it is your 1st day in Ms. _____ class.
(date for first day of school) (teacher's name.)



Love,

(Family members can sign here!)