

UNITY PRESBYTERIAN PRESCHOOL PROGRAM
CERTIFICATE OF HEALTH

***Please have your child's doctor fill out and sign this form and attach an updated copy of his/ her shot records. Return to your child's teacher.**

***DUE EACH YEAR at your child's VISITATION Day. Students cannot start school without this form on file.**

CHILD'S NAME _____

BIRTH DATE _____

DATE OF EXAMINATION _____

This child was examined by me on the above date and there were no significant emotional, mental, or physical abnormalities.

Necessary and usual immunizations are current, including D.P.T. series, polio vaccine and measles vaccine. There were no adverse reactions to any medications.

Participation in Preschool activities is permissible. Any exceptions to the above are listed below. Unless indicated below this child has not been tested for the HIV virus.

Signature of Physician

Address

Telephone

◆ Up to date Immunization records must accompany this form, be returned, and kept on file at Preschool. Immunizations are required according to NC law.

*Dr.'s offices can keep this form up to 2-4 weeks before filling out and returning to you. To ensure you have this completed by August visitation, you may want to give this form to your Dr. by mid-July.

Evacuation Plan for Unity Preschool-

***Please fill out and sign form on bottom and return to your child's teacher**

***DUE AT VISITATION before your child begins school. Students cannot start school without this form on file.**

We have read the evacuation plan below. We understand and give our permission to _____ Preschool, in the event of an emergency, to evacuate our child(ren) _____ to G.E. Massey Elementary School, or other designated shelter, either by bus or staff vehicles for the _____ school year.

Date _____ Signature _____

Date _____ Signature _____

*must be signed by both parents

____ In the event of an emergency evacuation of the 10 mile area around Duke Power Plant, Unity Preschool will evacuate to G.E. Massey Elementary School in Lincolnton. The school is located off HWY 27 on the right hand side of the road.

Route-We will take the shortest route out of town. Once on our way, we will not stop until we reach G.E. Massey.

Method of travel- By bus or staff vehicles, in whatever way possible to be able to make one trip. A bus will be deployed from Lincoln County, however, to avoid a wait, we may load the children into staff vehicles as soon as evacuation is in effect, and we will leave the preschool as soon as all children are loaded. Parents, hearing the evacuation order, proceed to G.E. Massey, or the designated shelter, to pick up your child.

Parents-Upon hearing the order to evacuate, please proceed to G.E. Massey, or designated shelter, to pick up your child. (For the safety of all, we will be unable to either unload your child or stop along the way.)

**UNITY PRESBYTERIAN PRESCHOOL PROGRAM
EMERGENCY INFORMATION**

***Please fill out and sign form on bottom and return to your child's teacher**

*** *DUE AT VISITATION before your child begins school Students cannot start school without this form on file.**

CHILD'S NAME _____ BIRTH DATE _____

ADDRESS _____

EMAIL ADDRESS _____

HOME PHONE _____

CELL PHONES _____

PARENT/GUARDIAN INFORMATION:

NAME OF MOTHER _____

EMPLOYED _____

WORK PHONE _____

NAME OF FATHER _____

EMPLOYED _____

WORK PHONE _____

CHILD'S MEDICAL INFORMATION:

CHILD'S DOCTOR _____

ADDRESS _____

PHONE _____

HOSPITAL PREFERENCE _____

ALLERGIES _____

IF PARENTS CANNOT BE REACHED, PLEASE CONTACT:

NAME _____ PHONE _____ RELATION _____

NAME _____ PHONE _____ RELATION _____

If I, the parent/Guardian cannot be reached, I hereby authorize Unity Preschool to implement and authorize emergency medical care. Child will be transported to closest hospital if emergency personnel determine urgency.



Unity Presbyterian Preschool
Pick-up Permission Form

***Please fill out and sign form on bottom and return to your child's teacher**

*** *DUE AT VISITATION before your child begins school**

The following people have permission to pick up my

child _____:
child's name

1.

2.

3.

4.

Everyone listed on this form understands that the preschool staff may ask to see their drivers license to identify themselves before my child is released to them.(Children will only be released to the individuals listed on this form unless specified in writing to the teacher beforehand.)

signature of parent

date



COVID DAILY ATTENDANCE WAIVER

I agree that I am voluntarily choosing to leave my child,

_____ (PRINT CHILD'S FULL NAME)

with the staff of Unity Presbyterian Preschool. I acknowledge that their staff is doing everything they can to protect my child as well as others. I assume any risk to my child and release Unity Preschool from any and all responsibilities with regards to the Covid Coronavirus.

I understand that Unity Preschool is only equipped to care for well children only. I agree that each day my child attends class, he or she has not had any of the following symptoms within the prior 48 hours.

☐ Fever ☐ Chills ☐ Shortness of Breath or difficulty breathing
☐ New cough ☐ loss of taste or smell ☐ runny nose ☐ diarrhea

I agree that each day my child attends class, he or she has not been given any temperature or symptom reducing medicines in the prior 48 hours, like but not limited to the following:

<i>Tylenol/Acetaminophen</i>	<i>Motrin</i>	<i>Naproxen Sodium</i>	<i>Aspirin</i>
<i>Ibuprofen/Advil</i>	<i>Mucinex</i>	<i>Delsym</i>	<i>Triaminic</i>
<i>PediaCare</i>	<i>NyQuil</i>	<i>DayQuil</i>	<i>Dimetapp</i>
<i>Robitussin</i>	<i>Sudafed</i>	<i>Vicks</i>	<i>Little</i>
<i>Remedies/Colds</i>			
<i>Theraflu</i>	<i>Tamaflyu</i>	<i>Benadryl</i>	

I agree that each day my child attends class, he or she has not had close contact (within 6 feet for at least 10 minutes) in the prior 10 days with someone diagnosed with COVID, or that a health care provider has not advised him/her to quarantine.

Parent Printed name _____

Parent Signature _____

Date: _____

**UNITY PRESBYTERIAN PRESCHOOL
PARENTAL/GUARDIAN COVID CONSENT FORM
AND LIABILITY WAIVER**

Student's name: _____

Birth date: _____ Age: _____

Parent/Guardian's name: : _____

Home address: _____

Home telephone: _____ Cell phone: _____

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization (WHO). COVID-19 is extremely contagious and as a result, social distancing is recommended. Unity Preschool will follow national, state, and local guidelines and recommendations for COVID-19 and implement any and all reasonable measures to prevent and reduce the spread of COVID-19 at Unity Preschool during the 2020-2021 school year. However, even though such guidelines will be followed and reasonable measures put into place, Unity Presbyterian Preschool cannot guarantee that you or your student will not become infected with COVID-19. Further, attending Unity Preschool and participating in school activities could increase your risk and your student's risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my student and I may be exposed to or infected by COVID-19 as a result of participating in school activity at Unity Presbyterian Preschool and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand the risk of becoming exposed to or infected by COVID-19 at Unity Presbyterian Preschool may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Unity Presbyterian Preschool employees, volunteers, and program participants and their families.

Considering the foregoing, however, I/we grant permission for the above-named student to participate in any and all school activity including any that may require transportation to a location away from the Unity Preschool campus, notwithstanding the risks associated with the COVID-19 virus and group activities.

I/we agree to truthfully disclose to the administration and/or an employee of Unity Preschool any and all information necessary to aid in the prevention and reduction of the spread of COVID-19 which includes, but is not limited to, any exposure to an individual outside of your immediate family who has symptoms of or has tested positive for COVID-19, any travel plans to designated restricted areas, and the name of any member of your immediate family who displays known symptoms of or has tested positive for COVID-19 specifically the above-named student. Further, I/we agree to comply with any and all daily protocols to screen for COVID-19 that are set forth by the administration of Unity Presbyterian Preschool, including daily temperature checks upon arrival to the preschool campus.

I confirm that there are no necessary changes to the Medical Health form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Health form.

I further agree on behalf of myself, the student named above, and my spouse, our heirs, successors, and assigns, to release, indemnify, hold harmless, and defend Unity Presbyterian Preschool, its director, administrators, employees, agents and representatives ("indemnitees") associated with the event arising from or in connection with the all negligent acts or omissions of the indemnitees' in relation to prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE THAT I AM OBLIGATED TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE INDEMNITEES' FROM THEIR OWN NEGLIGENCE IN REGARD TO THE INDEMNITEES' NEGLIGENCE ACTION AND/OR INACTION IN REGARD TO PROTECTION AGAINST THE COVID- 19 VIRUS.

Signature: _____ Date : _____

Signature: _____ Date: _____



By signing this document I agree that I have read the Parent Handbook and Covid procedures and agree to abide by the policies and procedures of Unity Preschool.

_____I do give permission for our child to be photographed/videotaped and have said image uploaded on our preschool's website with the understanding that in no way such images will include child's names, phone numbers, email, or physical addresses. Furthermore, I give permission for these images to be used on the preschool website, facebook (without being tagged), church newsletter, & other promotional printings. I also give permission for class pictures, videos, and text pictures to be taken and sent or given to me during the year, ie: Class pictures, pictures during events, videos during events, live streaming of events, etc.

_____I do NOT give permission for ANY pictures or videos to be taken of my child while at Unity Preschool. I understand that my child will be separated from the group when pictures are being taken, that I will not be receiving class or individual pictures, and that my child will not be participating in those events that are live streamed or when videos are being taken. Ie: Christmas Pageant, Graduation/Promotion, etc

***Please sign and return to your child's teacher**

* ***DUE AT VISITATION before your child begins school. Students cannot start school without this form on file.**

Signature of Parent

Date