

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.



DAILY ATTENDANCE WAIVER

I understand that Unity Preschool is only equipped to care for well children.

Therefore:

I agree that each day my child attends class and to the best of my knowledge, they have not had symptoms of anything that could be contagious to others.

I agree that each day my child attends class and according to the Unity Preschool Health Policy, they have not been given any temperature or symptom reducing medicines in the prior 24 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>Tamafly</i>	<i>Benadryl</i>	

Parent Printed name _____

Parent
Signature _____

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. Carpool signs will be issued to you to distribute to the names on this list.**

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



By signing this document I agree that I have read the Parent Handbook 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