KNIGHTDALE UMC Preschool
Shining the Light of Christ to our Children, Church, & Community

Authorization and Consent

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child, _____. If I cannot be reached, I understand that the emergency contacts listed below will be called. However, I hereby authorize Knightdale UMC Preschool to call an ambulance to transport my child to a hospital or medical facility and to secure for my child the necessary medical treatment. I understand the staff in the preschool is trained in the basics of first aid and CPR and I authorize them to give my child first aid. In the best interests of my child, I realize any member of the teaching staff assigned responsibility for the care and education of my child may view my child's health information, as well as state licensors to ensure compliance.

| Child's Health Insurance Provider: | Name of Insured: _____ |
| | Policy Number: _____ |

Child Release Form

To ensure children's safety, Knightdale UMC Preschool will release a child only to the parent(s)/legal guardian(s) who have signed this form and to those listed below as undersigned by the parent/guardian.

By signing this form, I understand that Knightdale will not release my child to any other person unless I notify the preschool in advance, following the guidelines listed below:

• If the person (spouse, relative, friend) picking up my child is listed on this form, I must notify the preschool verbally.

• If the person picking up my child is NOT listed on this form, I must notify the preschool in writing.

• Photo identification will be required of any person picking up my child.

Child's Name: _____ Date of Birth:_____

Contact #1	
Name: _____	Relationship: _____
Address: _____	Cell Phone #: _____
	Home Phone #: _____
City/State/Zip: _____	Work Phone #: _____

Contact #2

Name: _____

Address: _____

City/State/Zip: _____

Relationship: _____

Cell Phone #: _____

Home Phone #: _____

Work Phone #: _____

Contact #3

Name: _____

Address: _____

City/State/Zip: _____

Relationship: _____

Cell Phone #: _____

Home Phone #: _____

Work Phone #: _____

Contact #4

Name: _____

Address: _____

City/State/Zip: _____

Relationship: _____

Cell Phone #: _____

Home Phone #: _____

Work Phone #: _____

_____   _____

(Parent/Guardian's Signature)   (Date)

_____   _____

(Parent/Guardian's Signature)   (Date)