



**Saint Luke's Day School**  
**3736 Montrose Road**  
**Birmingham AL 35213**

## PREAMMISSION RECORD

*This form is to be completed by the child's parent or legal guardian. This form will be kept in your child's file at Saint Luke's Day School.*

### Personal Information

Child's Name: \_\_\_\_\_ Goes by \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_ Address \_\_\_\_\_  
City, Zip

Name(s) of parent(s)/ guardian(s) \_\_\_\_\_

Address of Parent(s)/ guardian(s) (if different) \_\_\_\_\_  
City, Zip

Mother's Home # \_\_\_\_\_ Mother's Cell # \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Mother's Work # \_\_\_\_\_

Employer's Address \_\_\_\_\_ email: \_\_\_\_\_

Father's Home # \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Father's Work # \_\_\_\_\_

Employer's Address \_\_\_\_\_ email: \_\_\_\_\_

### Emergency Contact Information

Please list the person(s) to be contacted in an emergency if parent(s)/ guardian(s) cannot be reached:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Child's Doctor: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Address: \_\_\_\_\_ Insurance Provider: \_\_\_\_\_

Group Number \_\_\_\_\_ Contract/Policy Number \_\_\_\_\_

**Emergency Authorization:** I give permission for Saint Luke's Day School to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. I give permission for the child care facility to administer Syrup of Ipecac to my child in accordance with instructions from the poison control center. (If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Form not valid without signature of child's parent/guardian 2/10/2009

Please list any medical information concerning your child that would be necessary for teachers to know in an emergency. (For example: allergies, dietary restrictions, medications).

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Describe any special needs (medical or emotional) and instructions below:

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**Release Information**

Please list the person(s) (other than parent/legal guardian) your child may be released to:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Address: \_\_\_\_\_

**Permission**

I give permission for my child to participate in:

Activities away from Saint Luke's Day School:  Yes  No \_\_\_\_\_  
Signature Date

Transportation provided by Saint Luke's Day School:  Yes  No \_\_\_\_\_  
Signature Date

Swimming/wading activities provided by Saint Luke's Day School  Yes  No \_\_\_\_\_  
Signature Date

*I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities. Furthermore, Saint Luke's Day School is a church-exempt child care center and is not regulated by DHR.*

\_\_\_\_\_  
*Signature of parent/guardian* / \_\_\_\_\_  
*Date*

This section is to be completed by the facility's staff.  
Child First Day of Attendance \_\_\_\_\_ Withdrawal \_\_\_\_\_