ST. JOHN'S PRESCHOOL

Medical Consent Release Form

Due on or before 1st Day of School 2026/2027

Re: _____

(name of child)

In recognition of the fact that it might become necessary or advisable for my child to have medical treatment:

I. I hereby give my authorization and consent for the rendering to my child, by a licensed physician or physicians, of such medical services and treatment as may become necessary or advisable during school hours and/or while my child is on the church grounds, regardless of whether such treatment or services become necessary by reason of an emergency, unanticipated conditions, or otherwise. Such consent and authorization shall also include the cooperation and assistance of nurses, technicians, assistants, other physicians, and any qualified medical personnel working under the supervision of a licensed physician.

II. I Further, in consideration of your assuming the aforementioned responsibilities, I hereby release the Preschool Director and staff, and St. John's Episcopal Church from legal responsibilities or liability which might arise from the acts I have authorized and consented to above, including a release of all demands for damages on account of any accident which might occur to my child during the aforementioned period of time, and I hereby agree to indemnify and defend the Preschool Director and staff, Preschool and St. John's Episcopal Church against any loss, damages or demand by my child, or by any other person on behalf of or for the benefit of my child.

_____ _____

Signature of parent/guardian Date

_____ _____

Phone number of parent/guardian Mobile Phone Number

_____

Insurance company & policy number for child

Photo Release Form for Saint John's Episcopal Church Preschool

1623 Carmel road
Charlotte, NC 28226
preschool@stje.org

Subject: Permission to use Photograph in the following locations

Locations: Preschool Website: www.saintjohnspreschool.org

Instagram site: stje.preschool

Facebook site: www.facebook.com/stjohns.preschool.5

☐ I **DO** grant, St. John's Preschool, its representatives and employees the right to take photographs of me and my child(ren). I agree that St. John's preschool may use such photographs of me and/or my child(ren) with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I authorize St. John's Preschool, its assigns, and transferees to copyright, use and publish photographs in print or electronically.

☐ I **DO NOT** grant, St. John's Preschool, its representatives and employees the right to take photographs of me and my child(ren). I agree that St. John's preschool may use such photographs of me and/or my child(ren) with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I authorize St. John's Preschool, its assigns, and transferees to copyright, use and publish photographs in print or electronically.

I have read and understand the above:

Child(ren) Name(s)_____

Signature _____ Date _____

Printed Name _____

**ST. JOHN'S PRESCHOOL**

**Health Certificate**

**DUE ON or BEFORE the 1ST DAY OF SCHOOL**

**2026/2027**

***This form is to be completed by your child's physician***

This is to certify that _____ is under my treatment and

that the following medical history is correct.

**LIST ALL TYPES OF IMMUNIZATIONS AND DATES ADMINISTERED, OR ENCLOSE A PHOTOCOPY FROM THE CHILD'S CHART:**

| | | | |
|---|---|---|---|
| _____ | | _____ | |
| Type | Date | Type | Date |
| _____ | | _____ | |
| Type | Date | Type | Date |
| _____ | | _____ | |
| Type | Date | Type | Date |
| _____ | | _____ | |
| Type | Date | Type | Date |

May participate in physical activities at school? ☐ Yes ☐ No

Any abnormalities in vision? ☐ Yes ☐ No

Any abnormalities in hearing? ☐ Yes ☐ No

Any physical condition that may require special emergency treatment at school? ☐ Yes ☐ No

If yes, please explain_____

_____

Signature of physician_____ Date_____

Return to: St. John's Preschool
1623 Carmel Road
Charlotte, NC 28226

# St. JOHN'S PRESCHOOL
## Emergency Location Information
## Due on or before 1st day of School 2026/2027

Child's Name _____ Teacher

Address _____ Zip _____ Home Phone _____

Mother's Name _____ Work # _____
Mobile # _____

Email Address _____

Father's Name _____ Work # _____
Mobile # _____

Email Address _____

Child's Physician/Phone # _____

Hospital Preference _____

Does your child have any known allergies?

Does your child take any medication regularly? Please list and advise us of anything we should be aware of regarding the medication.

Is this your child's first preschool experience? Does your child have *unusual* difficulty adjusting to new situations?

Please provide any additional information regarding your child that may be pertinent to his/her behavior or well-being while at St. John's (special security item, any social problems such as extreme shyness, biting, etc.).

**Emergency Contacts** (please do not list mother or father, we will try to contact either parent first)

Name _____ Phone# _____ Relationship

Name _____ Phone # _____ Relationship

***Please inform individuals you have listed them in case of emergency. They should be readily available during the day if you cannot be reached. Also, if the teachers or director do not know the person picking up your child, they will be required to show a valid driver's license. We will copy their ID and add to child's approved pick-up list.*

**ST. JOHN'S PRESCHOOL Carpool Information**
**DUE On or Before 1st DAY OF SCHOOL**
**2026/2027**

Child's Name_____ Class_____

Carpool Information:

The following people have permission to drive my child to and/or from preschool (please include anyone who may drive your child this year). If the teachers or director do not know the person picking up your child, that person will be required to show his/her driver's license so that it may be copied for safety reasons. Please inform your family and friends of our policy. Thank you for helping us keep our children safe and secure.

Name_____Phone_____Relationship_____

Name_____Phone_____Relationship_____

Name_____Phone_____Relationship_____

Name_____Phone_____Relationship_____

Signed: Mother_____Father_____
**(Both must sign)**