Ready, Set, Grow! Preschool

Emergency Medical Attention Authorization

I authorize **Ready, Set, Grow! Preschool** personnel to secure emergency medical attention for (child's name) _____, date of birth _____, in the event his/her parents/guardians cannot be contacted.

Insurance Company: _____

Name of Insured: _____

Authorized Signature: _____ Date: _____

Internet Picture Release

I give permission to publish (child's name) _____ photograph to be used on the school's public website at rsgbrockport.com and our Facebook page**. Ready, Set, Grow! Preschool** will not post any identifying information such as student names or class times online.

_____ (print parent/guardian) _____ (sign parent/guardian)

_____ (print parent/guardian) _____ (sign parent/guardian)

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Pick Up Permission Listing

Ready, Set, Grow! Preschool must be notified of the specific individuals to whom your child may be released. Please list below all individuals who have permission to pick up your child. Please notify these individuals that they will be required to provide photo identification to school personnel. We must have **written** permission from you to release your child to **anyone** other than you. Phone calls from you giving pickup permission **are not permitted at any time for any reason**. You may add or delete from this list at any time. The RSG Office has individual forms you may use to do this.

Please print all information

Child's Name _____

Custodial Parent/Guardian:

Name(s)	Phone numbers	Relationship to child
1. _____	_____	_____
2. _____	_____	_____

Other Individuals:

Name(s)	Phone numbers	Relationship to child
1. _____	_____	_____
2. _____	_____	_____
3._____	_____	_____
4._____	_____	_____
5._____	_____	_____
6._____	_____	_____

I authorize the individual(s) listed above to pick up my child for the 2026-2027 school year in my absence.

Date: _____

_____ (print parent/guardian) _____ (sign parent/guardian)

_____ (print parent/guardian) _____ (sign parent/guardian)