



## PRESCHOOL STUDENT ADDENDUM

HOME PHONE # \_\_\_\_\_

1. \_\_\_\_\_  
Student's Full LEGAL Name                      Name student goes by                      Date of Birth                      Age

2. Gender: ☐ Male ☐ Female

3. Ethnicity: ☐ White/Non-Hispanic ☐ Black/Non-Hispanic ☐ Hispanic ☐ Asian/Pacific Islander  
☐ American Indian/Alaskan Native ☐ Multi-Racial

4. \_\_\_\_\_  
Father/Guardian LAST NAME / First Name / M.I.                      Mother/Guardian LAST NAME / First Name / M.I.

5. Is this child living with his/her custodial father? ☐ Yes ☐ No or with his/her custodial mother? ☐ Yes ☐ No  
If you answered "No" to either, please explain: \_\_\_\_\_

6. **AUTHORIZED PERSONS** to assume responsibility to pick up from school.

|                    |             |            |
|--------------------|-------------|------------|
| _____              | Phone _____ | Cell _____ |
| Home address _____ | City _____  | ZIP _____  |
| Work place _____   | Phone _____ | ext. _____ |
|                    |             |            |
| _____              | Phone _____ | Cell _____ |
| Home address _____ | City _____  | ZIP _____  |
| Work place _____   | Phone _____ | ext. _____ |

**PASTE or STAPLE  
STUDENT  
PHOTO HERE**

**(Please cut photo  
to fit this space)**

7. **EMERGENCY CONTACTS** to assume responsibility for the care of the child when parent, guardian or authorized person cannot be reached.

|                    |             |            |
|--------------------|-------------|------------|
| _____              | Phone _____ | Cell _____ |
| Home address _____ | City _____  | ZIP _____  |
| Work place _____   | Phone _____ | ext. _____ |
|                    |             |            |
| _____              | Phone _____ | Cell _____ |
| Home address _____ | City _____  | ZIP _____  |
| Work place _____   | Phone _____ | ext. _____ |

8. This student has a current physicians report which is a signed document reporting the examination of the child within twelve months prior to the date of the start of school.

Physician \_\_\_\_\_ Date of the exam \_\_\_\_\_

**1. CONSENT FOR EMERGENCY TRANSPORTATION AND MEDICAL TREATMENT:** In the event my/our child needs to be transported by ambulance or emergency vehicle, I/we authorize transportation. In the event reasonable attempts to contact me/us have been unsuccessful, I/we hereby give my/our consent for administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (preferred doctor) or Dr. \_\_\_\_\_, (preferred dentist); or, in the event the designated practitioner is not available, by another doctor or dentist; and the transfer of the child to any reasonably accessible hospital. This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **Date** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **Date** \_\_\_\_\_

**2. REFUSAL OF CONSENT NOTE: Do NOT complete Part 2 if you have completed Part 1.** I/we do not give my/our consent for emergency medical treatment or emergency transportation of my/our child. In the event of illness or injury requiring emergency treatment, I/we wish the school authorities to take no action, or to:

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **Date** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **Date** \_\_\_\_\_