

Discovery Preschool Nurse Information

Child's Name _____

Preschool class: AM PM 3's

1. Does your child wear glasses, have ear tubes, or have hearing aids?

YES ___ NO ___ Which? _____

2. Date of last eye doctor's appointment _____

3. Does your child have any physical restriction? YES ___ NO ___

If Yes, what kind? _____

4. List any present medical issue or treatment. Be specific. _____

List any present medication _____

5. According to school policy, no medication will be given without parental permission. I give permission to the school nurse or appointed assistant to give the following medications in the appropriate dose, when needed.

| | | |
|---|-----------|----------|
| Acetaminophen (such as Tylenol) | Yes _____ | No _____ |
| Bacitracin antibiotic ointment (for cuts or scrapes) | Yes _____ | No _____ |
| Cough Drop | Yes _____ | No _____ |
| Hydrocortisone cream (for itching, rashes, or bites) | Yes _____ | No _____ |

(Parent or Guardian Signature) _____

Date _____

INFORMATION FROM THIS FORM MAY BE SHARED WITH STAFF FOR EMERGENCY PURPOSES.



Photo/Video Release Form

Mountain Lake Public School is making an effort to promote the positive activities, honors, and work of our students. Many times throughout the school year your child might be photographed doing some of these positive activities. Most parents are happy to see their students in newspapers and other school publications like activity programs, newsletters, classroom websites and other social media. As a school district, we are asking for your consent to make this happen.

We would like parental permission to publish children's photographs. No child's photograph will knowingly be published by the district without parent permission. Accordingly, we ask that you complete the form below and return it to the school's office as soon as possible.

Thank you.

PERMISSION TO USE CHILD'S PHOTOGRAPH

Student's Name: (Please print) _____

Grade _____

_____ I give my permission for my child to be filmed/photographed during the school year.

_____ I do not give my permission for my child to be filmed/photographed during the school year.

Parent signature: _____

Date: _____

If you have any questions, please feel free to contact the building principal or district office at (507) 427-2325.