



## Student Required Forms

Parents: Each year we must ask you to update us on your current information and permissions ~  
**This form is to be completed and signed by the child's parent or legal guardian.**

Name of child \_\_\_\_\_

### Consent for Arranging Emergency Transportation and Medical Care

In the event the child named above is injured or ill, I give my permission to the caregivers at Circle of Friends to provide first aid. If additional assistance is needed I give permission for them to take the appropriate measures including contacting emergency medical services and/or arranging for transportation to Immediate Care or St. Charles Emergency Room.

I understand that Circle of Friends will attempt to contact me, the other parent, or legal guardian if this action is needed.

\_\_\_\_\_  
Signature (parent or legal guardian)

\_\_\_\_\_  
Date

### Snack Foods Restrictions/Allergies and Sensitivities

Please list any food restrictions, allergies or sensitivities for your child so we can be sure to avoid them. If there are any known reactions, please list those as well.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Permission to receive milk at lunch

The state requires we offer cow's milk to your child at lunch. We are seeking permission from you to serve your child a small glass of cow's milk with their lunch. Also update us on dairy preferences. Please check below.

\_\_\_\_\_ Yes, my child may receive cow's milk with lunch

\_\_\_\_\_ No, my child may not receive cow's milk with lunch

\_\_\_\_\_ Yes my child may have dairy in the form of yogurt, cheese and butter

\_\_\_\_\_ No, my child may not have dairy in the form of yogurt, cheese and butter

\_\_\_\_\_  
Signature (parent or legal guardian)

\_\_\_\_\_  
Date

**Permission to use Photos**

Throughout the year our teachers may be taking photographs of your child engaged in a classroom activity or during a special occasion at school. We are seeking your permission to use these photos for school memory albums, to share with other families, or for advertising purposes. Please mark below and sign. Thank you.

\_\_\_\_\_ Yes, Circle of Friends may use my child’s photo.

\_\_\_\_\_ No thank you.

**Permission to share Contact Information**

If you would like your contact information shared with other families in your child’s class please indicate below. This is a good way to get to know other classmates and families attending Circle of Friends.

\_\_\_\_\_Yes, please share the following information on the Class Phone List:

Phone to Share: \_\_\_\_\_

E-Mail to Share: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Thanks for returning this form to the office or class teachers.*