



730 S. Cedar Avenue
Owatonna, MN 55060

PRESCHOOL TRANSPORTATION AND RELEASE FORM

Child's Name _____ Class 2 3 4 5 Day

_____ I will transport my child to and from St. Mary's Preschool myself.

_____ The following person(s) including emergency contact persons listed below, have my permission to transport my child to and from St. Mary's Preschool. I agree that if anyone other than the below named persons is to transport my child, I will notify the school by written note or telephone.

Name _____ Phone _____

Name _____ Phone _____

_____ The following persons may NOT transport my child to and from the Preschool

I hereby grant permission for my child to use all the play equipment and participate in all of the activities of St. Mary's Preschool.

I hereby grant permission for the teacher or the director to take whatever steps may be necessary to obtain emergency medical care, including the administration of Syrup of Ipecac, if warranted. These steps are as follows:

1. Attempt to contact a parent or guardian.

_____	_____	_____
Mother's Name	Home Phone	Work Phone
_____	_____	_____
Father's Name	Home Phone	Work Phone

2. Attempt to contact the child's physician or dentist.

_____	_____
Doctor's Name and Address	Phone
_____	_____
Dentist's Name and Address	Phone

3. Attempt to contact you through any of the persons listed below:

Must list 2 people other than parents

_____	_____
Name	Phone

Address	
_____	_____
Name	Phone

Address	

I read and understand this form and certify that the information I have written is correct.

Name _____ Date _____