Grayslake Community Park District
240 Commerce Drive
Grayslake, IL 60030
(847) 223-7529
www.glpd.com

Student Emergency Form

2020-2021 School Year

Participant Name	Gender	Birthdate
Name For Child's Cubby Tag	Phonetic Spelling (if applicable)	

Address:		
City:	State:	Zip Code:

Please check ALL classes your child will be attending this school year:

☐ Young 3s M/W ☐ Young 3s T/TH ☐ 3s M/W/F Mornings
☐ 3s M/W/F Afternoons ☐ 3s T/TH Mornings ☐ 3s T/TH Afternoons
☐ 4s M/W/F Mornings - RC ☐ 4s M/W/F Afternoons - RC ☐ 4s M/W/F Mornings - JI
☐ 4s M/W/F Afternoons - JI ☐ Pre-K Enrichment Mornings ☐ Pre-K Enrichment Afternoons

Parent/Guardian Information

Mother/Guardian 1 Information	Name:
Primary Phone:	Secondary Phone:
Email:	☐ Check box if authorized to pick up child

Father/Guardian 2 Information	Name:
Primary Phone:	Secondary Phone:
Email:	☐ Check box if authorized to pick up child

Emergency Contact

Emergency Contacts must be persons other than parents/guardians listed above

Name:	Relationship to Child:
Primary Phone:	☐ Check box if authorized to pick up child

Name:	Relationship to Child:
Primary Phone:	☐ Check box if authorized to pick up child

Name:	Relationship to Child:
Primary Phone:	☐ Check box if authorized to pick up child

Authorized Pickup Information

If any additional people are authorized to pick up your child, please complete this section. (Optional)

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Medical & Health History

Please check all that apply. Include specifics where applicable.

<table>
<tr><th>Illnesses</th><th>Allergies – include specifics</th><th>Others/Special Needs</th></tr>
<tr><td>☐ Heart defect/disease
☐ Musculoskeletal Disorders
☐ Bleeding/Clotting Disorders
☐ Type 1 Diabetes
☐ Type 2 Diabetes
☐ Seizures*
Please use space below to specify type and frequency of the seizures:

☐ Other*
Please use the space below to specify:</td><td>☐ Insect Bites/Stings
☐ Pollen
☐ Latex
☐ Medicines/Drugs
☐ Nuts
☐ Milk
☐ Food (specifics)
☐ Other

Please explain type of allergy and severity of reaction:

Severe Allergies
Does your child require an:
☐ EpiPen
☐ Inhaler

If yes:
1. Parent/Guardian must fill out the Allergy Action Plan Form that can be downloaded at www.glpd.com/preschool
2. Parent/Guardian must supply the Grayslake Park District with the required medication.</td><td>☐ Wears Contacts/Glasses
☐ Fainting
☐ Ear Problems/Tubes
☐ Hearing Impairment
☐ Emotional Behaviors
☐ ADD/ADHD
☐ Medicated
☐ Non-Medicated
☐ Nose Bleeds

Will your child be taking medication while at school?
☐ Yes
☐ No

If yes:
1. Parent/Guardian must complete the Permission to Dispense Medication Form & Waiver that can be downloaded at www.glpd.com/preschool
2. Parent/Guardian must supply the Grayslake Park District with the required medication.</td></tr>
</table>

Are there any special family circumstances we should be aware of (i.e. divorce, recent move, new baby, etc.)?

I have read and understand the Preschool Parent Handbook and agree to the Grayslake Park District's Behavior Management Policy listed in the handbook.

☐ Yes	☐ No	Parent/Guardian Signature:	Date:

I give my permission for my child to receive necessary health care and emergency medical treatment. This Student Emergency Form is complete and accurate. I will not allow my child to attend if they become exposed to any contagious disease, or if for any reason, I do not consider my child to be in good physical condition.

Parent/Guardian Signature: _____ Date: _____

Getting To Know Your Child

- Has your child had any previous preschool, daycare or playgroup experience without a parent or caregiver?
  ☐ Yes ☐ No
  If yes, how does your child respond when separating from a parent/caregiver?

  _____

- Is English the primary language spoken at home? ☐ Yes ☐ No
  If no, what language is spoken at home? _____

- Can your child's speech be easily understood by non-family members? ☐ Yes ☐ No

- What words does your child use to ask to use the bathroom? _____

- What is the most frequent reason for discipline? _____

- What discipline technique have you found to be most effective for your child? _____

_____

- How does your child react to discipline? _____

- What are your child's strengths? _____

Which of the following best describes your child? (check all that apply)

☐ Likes to play alone	☐ Enjoys stories & books	☐ Prefers to play with friends/siblings
☐ Has imaginary friends	☐ Adapts well to adults	☐ Cooperates well with others
☐ Enjoys games & sports	☐ Enjoys music & movement	☐ Enjoys art & drawing
☐ Enjoys pets & animals	☐ Prefers indoor play	☐ Prefers outdoor play

Check any behaviors your child has:

☐ Withdrawn	☐ Hitting	☐ Inability to Focus
☐ Aggressive	☐ Easily Distracted	☐ Temper Tantrums
☐ Biting	☐ Inability to Follow Directions	☐ Apprehensive
☐ Impulsive	☐ Fearful	☐ Short Attention Span

☐ Other _____

- If behaviors are checked above, please provide us with information that may be helpful such as, what might trigger the behavior(s) and how you address the behavior(s) with your child?

  _____

  _____

- What do you expect your child to achieve in preschool?

  _____

  _____

- Please provide any information that you believe will make your child more comfortable at preschool. Include special interests, favorite toy or game, activities, siblings, pets, etc. _____

_____