PARENT RECEIPT OF INFORMATION:

☐ Information to Parents Document

☐ Policy on the Release of Children

☐ Policy on Methods of Parental Notification
  (Applicable only if a method other than a phone call is used to notify parents of an injury to a child’s head, a bite that breaks the skin, a fall from a height, or an injury requiring professional medical attention.)

☐ Policy on Communicable Disease Management

☐ Expulsion Policy

☐ Policy on the Use of Technology and Social Media

I have read and received a copy of the information/policies listed above.

Child(ren)’s Name: ______________________________________________________________

Parent/Guardian’s Name: _______________________________________________________

Signature __________________________________________________________ Date __________