

PERMISSION FORM 2010-11

Child's Name _____

I hereby grant permission for my child to use all of the playground equipment and to participate in all the activities offered by Lord of Life Preschool.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for authorized field trips. Families will be notified at least 7 days in advance of any field trip. Families will be given the opportunity to accompany child on field trip.

I hereby grant permission for the Director or Teacher to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact you through any of the persons listed on the Emergency Information form you completed.
4. If we cannot contact you or your child's physician, we will call an ambulance and if necessary, have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under 4 above will be borne by the child's family.
6. Lord of Life Preschool will not be responsible for anything that may happen as result of false information given at the time of enrollment.

Under no circumstances will a child be released to anyone not known to the school without the written authorization from the parents or guardians. I have read and signed the Pick Up Authorization form.

I grant permission for my name, address, phone number, and email address to be distributed to the class members. I understand that I may opt out of sharing portions of this information by notifying the Office in writing.

I grant permission for photos of my child (unidentified) to be used on the school website or display board. I understand I may opt out of granting use of my child's photo by notifying the Office in writing.

The Preschool shall notify the family at the end of the school day of any known minor accident or injury.

The Preschool will notify the family (emergency care designate given) when child becomes ill. The parent will arrange to have the ill child picked up from the school as soon as possible. I agree to inform the school (within 24 hours) of any reported communicable disease.

Signed _____ Date _____