I hereby grant permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to use all of the play equipment and to participate in all school activities. I understand that some of these activities may take place off campus if in the PreK Class (field trips).

Should the above named child, date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ suffer an injury or illness while in the care of Eastminster Presbyterian Preschool and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) shall assume responsibility for payment for services. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Minor cuts and bruises will be washed with antibacterial soap, ice and/or bandage will be applied as necessary, following guidelines presented by the American Heart Association’s First Aid manual. No medicine will be administered without a signed Individual Health Plan agreed upon by the Director and parents.

The undersigned further authorize Eastminster Presbyterian Preschool to have the below named minor released into the custody of its representative should medical care no longer be required.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Child’s Name: | Date of Birth: | Known Allergies & Previous Reactions: |

Attach a recent photo of your child to the space below. This will be used on field trips and in case of an emergency.