

Child Pickup

(Please list people OTHER THAN PARENTS that are allowed to pick up your child)

Name _____

Phone _____ Relation to child _____

Name _____

Phone _____ Relation to child _____

Name _____

Phone _____ Relation to child _____

Consents

(Place an X on the line stating you have read the consent then sign at the bottom)

_____ I/We authorize Discovery Christian Preschool to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/We will be responsible for the emergency medical charges upon receipt of the statement.

_____ I/We authorize my/our child to participate in trips and excursions. I/We understand that if I/We cannot attend the trip or excursion that I/We will provide a carseat and will allow them to ride in a vehicle that will be in compliance with safety measures set forth by the school.

_____ I/We give permission for topical ointment (Neosporin, sunscreen, etc) to be applied to my child as needed by the preschool staff.

_____ I/We understand that the preschool sometimes uses volunteers to assist with daily activities and special events. I release persons acting as volunteers from any personal liability.

_____ I/We understand that it is the responsibility for our personal insurance to cover any accident or injury that should occur while my/our child is in attendance at the preschool.

_____ I/We give permission to photograph my child during school activities. I realize these photos may be used for publicity purposes in advertisements and on our website.

Parent signature _____ Date _____

Parent signature _____ Date _____