

Permission and Authorization Form

CHILD'S NAME _____

Who will usually pick up your child? Name _____

Phone _____ Cell phone _____

Other persons authorized to pick up your child

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

Child's Physician _____ Phone _____

If unavailable, which physician would you contact?

Name _____ Phone _____

Child's Dentist _____ Phone _____

____ I grant permission for my child to participate in all school activities, including transportation to and from school if this is necessary.

____ I grant Oak Hills Christian Preschool permission to obtain any emergency medical treatment deemed necessary. (Parents will be notified as quickly as possible)

____ I release and hold harmless Oak Hills Christian Preschool and its staff from loss or damage to clothes, toys or personal articles taken to the preschool by my child.

____ I release and hold the Oak Hills Christian Preschool and its staff harmless from claims, damages or other liabilities for injuries to or damage by my child that are not caused by gross negligence on the part of the Oak Hills Christian Preschool and/or its staff. If concerns arise, I will talk with the staff and/or the Preschool Committee of the Oak Hills Christian Reformed Church.

PLEASE INITIAL ONE OF THE FOLLOWING STATEMENTS:

_____ Oak Hills Christian Preschool staff has permission to photograph and/or videotape my child for publicity means and other materials used to promote the preschool program at Oak Hills Church only.

_____ Oak Hills Christian Preschool staff does not have my permission to photograph and/or videotape my child for any reason whatsoever.

Date _____

Signature of Parent or Guardian

