

TLC Christian Preschool

Authorization and Consent Form

Child's Name: _____ **Date of Birth:** _____

Emergency Medical:

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I authorize TLC Christian Preschool to transport my child to the _____ Hospital (or nearest hospital) and to secure any necessary medical treatment. I understand that the teachers in the preschool are trained in the basics of First Aid/CPR and I authorize them to give my child first aid when appropriate.

☐ **Yes**

☐ **No**

Photographs:

I hereby give permission for my child's picture to appear on the walls of the classroom and in the hallway of Trinity Lutheran Church.

☐ **Yes**

☐ **No**

Additional Photographs:

I hereby give permission to use my child's photograph in any manner, including with text, in posters, congregational bulletin inserts, school brochures or on the school's website. I understand that the web site and publications have a large audience and that my child's photograph will be available to the public.

☐ **Yes**

☐ **No**

School Directory:

I hereby give permission to include my child's name, address and telephone number in the school directory that is given out to all families.

☐ **Yes**

☐ **No**

Walking Trip Permission:

I hereby give permission for the teachers to take my child off the school premises for walks in the neighborhood and to play at Institute Park on Salisbury Street. I understand that the teachers may be reached by cell phone and will bring a first aid kit at all times when leaving the premises. The teachers will notify me at arrival time if a walk or trip to Institute Park is planned.

☐ **Yes**

☐ **No**

TLC Christian Preschool Parent Handbook:

I have received a copy of the TLC Christian Preschool Parent Handbook. I have read the handbook carefully and have asked questions about any sections that were not clear to me.

☐ **Yes**

☐ **No**

Sunscreen Application:

I authorize the teachers at TLC Christian Preschool to apply sunscreen to my child in the afternoon, if necessary.

☐ **Yes**

☐ **No**

Parent Signature

Date

(over)