

Child's Name: _____

Please read the following statements and circle either YES or NO. If you have any questions or concerns please direct them to one of your child's teachers or an active board member.

Field Trips: I/We give permission to Trinity Lutheran Preschool to take my child on supervised field trips that require teacher/public/personal (volunteer drivers) transportation. I understand that I will receive specific information as to the dates and times of these field trips as they become closer.	YES	NO
Volunteer: I/We would like to help or volunteer for special field trips or special events that the Trinity Preschool will be partaking in.	YES	NO
Telephone & Address: I/We give permission to disclose our name and telephone number to other families enrolled in my child's class.	YES	NO
Publish Photos: I/We give permission for the Trinity Lutheran Preschool to publish photos of my child in print or on our Trinity Church and Shutterfly website(s).	YES	NO
Emergency: I/We give permission to Trinity Lutheran Preschool to take emergency (i.e. first aid, emergency evacuation ...) measures as judged necessary for the care and protection of my child while under the supervision of the preschool.	YES	NO
Emergency: I/We give consent to the supervising teachers of Trinity Lutheran Preschool to call the local emergency response number, 911, and seek assistance should an emergency situation involving my child arise. With the discretion of the staff and emergency authorities, I understand that my child may be transported to the local hospital. I also understand that in some medical situations the staff may need to contact the local emergency resource before myself, my child's physician, or my child's emergency contact(s). Primary Physician: _____ Phone: _____ Clinic / Office Address: _____	YES	NO
Does your child have any health problems that we should know about? (explain)	YES	NO
Medications: (list)	YES	NO
Allergies: (list)	YES	NO

Your child will NOT be permitted to attend school until we have a copy of your immunizations or a religious/medical consent form signed by a physician stating your child has not received their immunizations.

Parent/ Guardian Signature: _____ Date: _____

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