**South Church Preschool**

**Parent Emergency Release Form**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name & Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name & Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the names and numbers of anyone you authorize us to call in an emergency if the parent numbers cannot be reached:

Please list the names and phone numbers of **anyone** you authorize to pick up/drop off your child during the school year:

**Please sign your name below if you give your permission to following the statements:**

* I give South Church Preschool staff my permission to give first aid to my child if needed. I give permission for my child to be taken to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital if necessary.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* I give South Church Preschool my permission for the following as required by the State of Connecticut.

\_\_\_\_\_\_ Emergency Medical Care

\_\_\_\_\_\_ Releasing my child to someone other than parent/guardian, such as a doctor, in the case of an emergency.

\_\_\_\_\_\_ Transportation from facility for emergency treatment.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* I give South Church Preschool my permission to video and/or photograph my child/children, or myself during the school year they are enrolled.

I understand that no identifying information (name, DOB, personal information, etc.) will be revealed in the photographs/videos and that these images may be used for SCPS media such as brochures, posters, hallway displays, newspapers, and our public school website.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* I give South Church Preschool my permission to participate in any trips planned as part of the Preschool Program, including use of other rooms in this building or the church building.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**