

EMERGENCY CONTACTS

Child's name _____ Address _____ Phone _____

I authorize the following to perform any emergency treatment for my child:

Physician _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Hospital _____ Address _____ Phone _____

In the event the above named persons cannot be contacted, I authorize the school to act of my behalf.

Signature of Parent or Guardian _____ Date _____

FIELD TRIP PARTICIPATION

_____ has my permission to participate in all field trips at

Jack and Jill Preschool. I understand I will be informed prior to each trip as to the date, destination and

driver for my child. Signature of Parent or Guardian _____ Date _____

CLASSROOM PHOTOGRAPHS

During the school year, teachers may take photographs and/or video of the children participating in classroom activities or field trips. These photos will always be available for parents to view and will only be used for display in the classroom or hallway and never made public or used for commercial purposes.

I give permission for my child (name) _____, to be included in classroom photographs and/or video according to the above statement.

Signature of Parent or Guardian _____ Date _____

Please sign below if you give permission for your child's photograph to be used in First Federated Church's monthly newsletter, Life Together. This newsletter is mailed to church members' homes and on the internet. No names of children will be used.

Signature of Parent or Guardian _____ Date _____