

# Algonquin Preschool Consent Form



My child \_\_\_\_\_ has my consent to participate in the preschool program operated by Algonquin Preschool. I have full access to the program without notification whenever my child is present.

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Relationship to child*

\_\_\_\_\_  
*Date*

## **Medial Care**

### Minor First Aid

I authorize Algonquin Preschool to perform minor emergency first aid when necessary. This may include, but not limited to, the cleaning of a small cut or scrape, use of a band-aid on a small cut or scrape, icing a small bump, etc. I understand that I will be informed of the incident and the actions taken when I arrive to pick up.

### Emergency Medical Care

I authorize Algonquin Preschool to secure medical care for my child when I cannot be immediately reached at the time of the emergency. Staff trained in the basics of first aid and CPR may give my child first aid and or CPR if needed. I/we will be responsible for the emergency medical charges upon receipt of the statement.

I have read, understand, and accept the medical conditions above.

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Relationship to child*

\_\_\_\_\_  
*Date*

Physician: \_\_\_\_\_ phone # \_\_\_\_\_

Hospital preference: \_\_\_\_\_

Allergies, Medications, and Other Health Information: \_\_\_\_\_  
\_\_\_\_\_

### **Walking Trips**

I understand my child may go on walking trips and visit nearby public parks/facilities.

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Parent/Guardian signature

Relationship to child

Date

### **Field Trips**

A separate Field Trip Permission Slip describing the field trip will be sent home if your child will be leaving the school for field trip.

### **Pesticide Application**

Algonquin Preschool uses routine inspections by a commercial pest control company to keep Algonquin Preschool pest free. Pesticide applications are applied when necessary around the perimeter of our building when children are not present.

\_\_\_\_\_ I would like to be notified when an pesticide application is made.

\_\_\_\_\_ I do not want to be notified when an pesticide application is made.

I understand Algonquin Preschool's Pest Management Plan

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Parent/Guardian signature

Date

### **Photo and Video Consent**

I give permission for my child to be photographed and/or videotaped while attending Algonquin Preschool. I understand these picture and/or tapes may be used as publicity for Algonquin Preschool. I further understand that pictures of my child may be displayed in his/her classroom and in the preschool hallways.

Please indicate below for which media you grant permission. Check all that apply.

\_\_\_\_\_ Classroom    \_\_\_\_\_ Website    \_\_\_\_\_ Classroom Facebook    \_\_\_\_\_ Pubic display    \_\_\_\_\_ Portfolio's  
Page (Private)

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Parent/Guardian signature

Relationship to child

Date