

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*

Medical Care

Minor First Aid

I authorize Algonquin Preschool to perform minor emergency first aid when necessary. This may include, but is 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 my child.

Emergency Medical Care

I authorize Algonquin Preschool to secure medicare 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:

Field Trips

I give permission for my child to go on walking trips and visit nearby public parks/facilities.

Parent/Guardian Signature *Relationship to Child* *Date*

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

Photo and Video Consent

I give permission for my child to be photographed and/or videotaped while attending Algonquin Preschool. I understand these pictures and/or recordings 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 ____ Newspaper ____ Public Display ____ Portfolios

Parent/Guardian Signature

Relationship to Child

Date