

Immanuel Lutheran Preschool
501 Glad Street, PO Box 27
Schleswig, IA 51461

CONSENT SHEET

Travel and Activity Authorization

I hereby give permission for my child to leave the center for field trips in an approved vehicle or on foot. I understand that I will be notified before each activity.

Parent
Signature _____ Date _____

Picture release

I DO DO NOT give permission for my child to be photographed, or video taped, for use by the center in program use or newspapers or other media for purpose of publicity.

Parent
Signature _____ Date _____

Medical emergency release

I give permission for Immanuel Lutheran Preschool to use whatever emergency measures are judged necessary for the care and protection of my child while under their supervision. I understand that in some medical situations the staff may need to contact emergency services before I am contacted. Staff will attempt to reach parents or emergency contacts before medical treatment is given when possible. I understand that I am expected to finance any expenses not covered by my insurance during the emergency.

Parent
Signature _____ Date _____

(see back also)