

St. Barnabas Christian Preschool Permission Form

Child's Name _____

1. I hereby grant permission for my child to use all play equipment and participate in all of the activities in school.
2. I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks.
3. I hereby grant permission for my child to accompany his/her class and staff persons on field trips planned and authorized by the preschool when reasonable care is given to assure the child's safety.
4. I hereby grant permission for the Director/Assistant Director/Administrative Assistant to take whatever steps may be necessary to obtain emergency medical and dental treatment if warranted. These steps may include, but are not limited to the following:
 - ✓ Attempt to contact a parent or guardian
 - ✓ Contact local paramedics
 - ✓ Attempt to contact you through any of the persons listed on your child's pick up form.
 - ✓ Attempt to contact the child's physician or certified Christian practitioner.
 - ✓ If we cannot contact you or your child's physician or certified Christian practitioner we will do the following:
 - a. Call another physician
 - b. Have the child taken to the emergency room in the company of a staff member
 - c. Call an ambulance.
5. Any expenses incurred under item 4 above will be paid by the child's family.
6. I hereby grant permission for my child to be included in pictures connected with the program. They may be used on our website or FB page but no child's name will be used. I am also aware this is a Christian Preschool and basic Christian beliefs will be taught.
7. The school will NOT assume responsibility for anything that may occur as a result of false information given at the time of enrollment.
8. The school will NOT assume responsibility for a child who has NOT been signed in when he/she arrives for the day.
9. Injury sustained at this preschool must be reported within 24 hours to the Director or acting Director.

I hereby agree with all the above and grant permission for the staff to administer first aid:

Signature of _____
Parent/Guardian _____ Date _____