

Child's Name _____

Emergency Treatment Release

In the event of an illness or accident which requires immediate medical treatment at a time when a parent cannot be located, I give permission for the staff at CrossRoads Preschool to authorize such treatment. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, and other persons listed for emergency contact.

In the event that your child must be transported to the hospital, please list your choice of the preferred hospital below. You must name a hospital, cannot say "closest".

Preferred hospital choice _____

Date _____

Parent or Guardian's Signature _____

Photography/Video Release Form

Throughout the year, there are many events that take place in the preschool setting in which photography and/or videotaping would be an excellent means of catching the moment! In order to take photos and/or videotape, we need your permission. Please check the statement below and sign your name.

___ I permit that any picture/video taken of my child may be used in the newspaper, displays (bulletin boards), posted on our website, posted on our facebook or other types of educational publications.

___ I do not want my child photographed or video taped.

Parent or Guardian's Name _____

Parent or Guardian's Signature _____

Date _____

Handbook Acknowledgement

I have read and understand the CrossRoads Preschool Parent Handbook and agree to abide by its policies.

Parent or Guardian's Signature _____ Date _____