

# Markham Woods Presbyterian Church Preschool Parental Consent Form

## Parental Consent for Emergency Treatment

Student's Full Name \_\_\_\_\_ Age \_\_\_\_\_

In the event of serious accident or illness, I request the school contact me. If I cannot be reached, the school may make whatever arrangements are necessary to provide emergency care and treatment for my child. This may include conveyance to and treatment at a hospital or other medical facility. I will assume responsibility of payment for the services rendered.

In the case of an accident or illness where immediate treatment of my child is not indicated, but where he/she is unable to remain in school I request that one of the persons listed below will be contacted to care for my child.

Markham Woods Presbyterian Church Preschool does not provide benefits for injuries.

Date \_\_\_\_\_ Parent or Legal Guardian Signature \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Pager # \_\_\_\_\_

### Emergency Contacts

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional information required on back

## Parental Consent to Publish Address and Home Telephone Number

\_\_\_\_\_ I would like our address and home telephone number to be included in the class list shared only with other parents within Markham Woods Presbyterian Church Preschool.

\_\_\_\_\_ **I DO NOT** wish to include our address and home telephone number to be included in the class list shared only with other parents within Markham Woods Presbyterian Church Preschool.

## Parental Consent for Photographs and Videos of child

\_\_\_\_\_ I give permission for my child \_\_\_\_\_ to be photographed or video taped at Markham Woods Presbyterian Church Preschool by teachers and other parents and for these pictures to be viewed in the classroom and private use only. This includes a DVD which is available to all families at MWPC Preschool for purchase at the end of the school year.

\_\_\_\_\_ **I DO NOT** give permission for my child to be photographed or videotaped.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parental Consent for Publication of Photos on Church Website

\_\_\_\_\_ I give permission for my child \_\_\_\_\_'s photo to be used on the MWPC website. Photos will not identify the students by name.

\_\_\_\_\_ **I DO NOT** give permission for my child's photo to be used on the MWPC website.