

**BETHEL PRESCHOOL
AUTHORIZATIONS AND CONSENTS**

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child_____. However, if I cannot be reached, I hereby authorize Bethel Preschool to make whatever medical arrangements necessary for the care of my child. I understand the teachers are trained in first aid and CPR and I authorize them to give my child first aid/CPR when appropriate. I understand that Bethel Preschool assumes no responsibility for any cost for transportation or care.

TRANSPORTATION PLAN

On a normal day _____ will be dropped off at Bethel Preschool at
Child's name

9:00am by _____ or _____.

They will be picked up from Bethel Preschool at (circle time) 11:30am 2:00pm

By _____ or _____.

Please see my consent to release list for other people allowed to pick up my child. I understand my child will not be released to anyone not on the consent to release form unless a signed and dated note is sent to school. We will check an I.D. for anyone we do not know.

CONSENT TO RELEASE

I hereby authorize Bethel Preschool to release my child to the following persons (other than parents):

Name _____ Relationship _____

Address _____ Tel# _____

Name _____ Relationship _____

Address _____ Tel# _____

Name _____ Relationship _____

Address _____ Tel# _____

Parent/guardian signature

date

ATHORIZATIONS AND CONSENTS CONTINUED...

Can Bethel Preschool release your:

Telephone number YES NO

Address YES NO

For a class list to other families for birthday parties, help with class parties etc.

Pictures of your child displayed in our classroom and for school use (parent tours): YES NO

Pictures (no names) of your child engaged in school activities for the local newspaper: YES NO

Can your child go on neighborhood walks: YES NO

If your child attends lunch bunch, do you consent to them brushing their teeth after lunch: YES NO
(parents provide toothbrushes)

Parent/guardian signature

date