

LIGHTHOUSE PRESCHOOL EMERGENCY RELEASE

Date _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

I hereby authorize the school to transport my child in case of an emergency.

Remarks:

Allergies:

Other Conditions:

LOCAL PHYSICIAN'S NAME _____

Address _____

Office Telephone No. _____

AUTHORIZATION TO PICK UP CHILD AT LIGHTHOUSE PRESCHOOL

NAME OF CHILD _____

PERSONS AUTHORIZED TO PICK UP MY CHILD(REN):

1. _____

2. _____

3. _____

Media Release

Lighthouse Preschool uses a variety of media to promote our school. Media used may include brochures, annual reports, newsletters, internet websites, etc.

Your signature below provides consent for Lighthouse Preschool to use pictures or digital images of your child(ren) or family on Lighthouse Preschool media.

Lighthouse Preschool commits that these photo images will not be sold or used for any purpose other than that pertaining to Lighthouse Preschool.

Agreement to above releases and authorizations:

Parent/Guardian signature: _____ Date _____

Parent/Guardian signature: _____ Date _____