OAK KNOLL
CHRISTIAN PRESCHOOL
& CHILD CARE

PARENT AUTHORIZATION FORM

Child's Name:_____

Parents' Names:_____

Special Authorizations: Please initial all items for which permission is granted.

I give permission to Oak Knoll Christian Preschool and Child Care for the following:

_____Take my child on supervised walking field trips

_____Take photographs of my child to use for publicity for the preschool, church and program newsletters

_____To have our family's name, address and phone number printed on a class list and distributed to families of enrolled children

EMERGENCY AUTHORIZATION:

I give permission to Oak Knoll Christian Preschool and Child Care for the following:

_____To take whatever emergency measures (i.e. first aid/ CPR, disaster evacuation, calling 911) judged necessary for the are and protection of my child, while he/she is under the supervision of Oak Knoll Christian Preschool staff

_____To have my child transported to a local hospital by an emergency vehicle, if that emergency medical team deems it necessary. I understand that I will be responsible for all emergency transportation and any charges not covered by insurance

_____To take any emergency measures needed, such as the ones identified above, before contacting me if it is judged necessary for the care and protection of my child

Acknowledgement:

My signature indicates that I have read and understand the above permission authorizations and that I grant permission as indicated.

Parent Signature:_____Date:_____