

Written Consents

Emergency Medical Care

I, _____, Parent/Guardian of _____, whose date of birth is _____, do hereby give my permission/consent to the personnel of Mount Calvary Pre-Kindergarten School to secure and authorize such emergency medical care/treatment as said child might require while under the supervision of Mount Calvary Pre-Kindergarten School. I also agree to pay all costs and fees contingent on any emergency medical care/treatment of said child as secured or authorized under this consent.

Name of preferred physician: _____ Date: _____

Signature of Parent/Guardian _____

Visits, Trips, Excursions

I hereby give consent to Mount Calvary Pre-Kindergarten School to take _____ (child's name) on walking or transported trips to places of interest, including public parks, with the understanding that such trips are under the supervisions of authorized personnel of the school, and that all possible precautions are taken to insure the health and safety of my child.

Date _____ Signature of Parent/Guardian _____

Religious Instruction

I hereby give consent to Mount Calvary Pre-Kindergarten School to give _____ (child's name) religious instruction including Bible stories, prayers, and Christian songs.

Date _____ Signature of Parent/Guardian _____

Photographs for Publicity

I hereby give consent to Mount Calvary Pre-Kindergarten School to take photographs for publicity and consent to _____ (child's name) being in the pictures.

Date _____ Signature of Parent/Guardian _____

School Policy Handbook

I have received and read the school handbook and I agree to adhere to the policies discussed in the handbook. These policies were established to provide a safe environment to insure wholesome physical, intellectual, emotional, and social development in a Christian atmosphere.

Date _____ Signature of Parent/Guardian _____