

SHEPHERD OF THE VALLEY PRESCHOOL

Permission Slip

Student's name:

I hereby grant permission for my name, my child's name, address, email address, phone number, and birth date to be included in a class list that is given to all parents.

I hereby grant my permission for my child to use all the play equipment and participate in all of the activities of the school.

I hereby grant permission for my child to be included in picture or public relations activity involving my child and the preschool program.

I hereby grant permission for the director or acting director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact any of the persons listed on the emergency information form.
3. If a parent or emergency contact cannot be contacted, any of the following may be done:
 - A. Call 911
 - B. Have an emergency vehicle transport my child to Fairview Ridges Hospital
 - C. Call my child's physician
4. I will personally be responsible for any expense incurred from option #3.
5. The school will not be responsible for anything that may happen as a result of inaccurate information given to them at the time of enrollment or contact information that changes during the year without notification.

This end user license agreement (the "Agreement") is a binding agreement between you and Shepherd of the Valley Preschool. By putting your e-signature below, you agree to the terms laid out on this document.

E-signature:

Date:

(Parent or Legal Guardian)

E-signature:

Date:

(Parent or Legal Guardian)

Once the form is filled out completely, 'File > Save As' to your computer and attach the form in an email to Preschool Director, Linda Nelson, at linda.nelson@sotv.org. Thanks!