

Bethel Lutheran Educational Services (BLESS) Preschool

Permission and Waiver Form

Name of Child: _____

Name of Parent(s)/Guardian(s): _____

I recognize that even though the staff of Bethel Lutheran Church and Preschool has first aid training, he/she has no medical training and is neither a doctor nor a nurse. In the event of a medical emergency, while my child is in the care of BLESS staff and I cannot be contacted, you have my permission to seek medical treatment for my child from his/her family physician, or any doctor. If an ambulance or other emergency service is required, it is at the parent's expense.

I understand that in placing my child in BLESS Preschool there are certain risks. Although reasonable supervision is provided, I understand that it is not possible to prevent the possibility of accidental incidents. I will not hold the BLESS staff or Bethel Lutheran Church responsible should an incident occur.

I will provide the staff members with a current list of known drugs, foods, and other substances that my child is allergic to. I grant BLESS staff permission to administer medical treatment in the case of an allergy emergency (i.e.: an Epi-pen). I will provide the required medication in the original container, including detailed instructions on how the drug is to be administered to my child.

I grant permission to the staff of BLESS to take my child on short walks around the community of Bethel Lutheran Church, as well as to and from the playground located across the street from the church property.

I agree to the collection and use of personal information about my child, such as: name, address, and phone number on class lists, taking pictures for printed material, memory books and newsletters (no names will be attached), and displaying student work.

I agree to promptly provide you with any change of address, phone number, employment number, or emergency contact numbers.

I agree to the policies outlined in the Handbook.

_____ By initialing, I consent to the use of any photograph, video or other image of my child, which may be taken at BLESS Preschool, for the purpose of promoting BLESS Preschool (including, but not limited to, website, PowerPoint, social media). I understand that names will not be attached to the pictures.

Parent/Guardian Signature *

Date

*When only one parent/guardian signs this form, he/she hereby confirms that such individual had been authorized by the other parent/guardian to sign this form on his/her behalf and BLESS Preschool of Sherwood Park Alberta is authorized to accept the choices made by the undersigned as being the Consent Details of both parents/guardians.