



Trinity UCC Preschool
2340 State Street
East Petersburg, PA 17520
569-1632 569-0592

PERMISSION FORM

Child's name _____

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

I hereby grant permission for my child to leave the school premises, under the supervision of a staff member, for neighborhood walks or field trips. I will receive notification prior to each field trip, and if needed I will chaperone and/or provide transportation for my child for the trip or I will keep my child home the day of the field trip.

I hereby grant permission for my child to be photographed participating in school activities and for these photographs to be used for display, publicity, and school projects.

I hereby grant permission for the Director or teacher 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 emergency call number.
2. Attempt to contact the child's physician.
3. If we cannot contact you or the child's physician, we will do any or all of the following:
 - a) Call another physician;
 - b) Call an ambulance;
 - c) Have the child taken to the emergency room at the closest hospital, accompanied by a staff member.
4. Any expenses incurred, under #3 above, will be borne by the child's family.
5. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
6. The school will not assume responsibility for a child who has not been properly dropped off at school by the parent or carpool driver.

Parents name (printed)

Signed

Date