



## Parental Permission Form 2020 - 2021 School Year

Child's Name: \_\_\_\_\_

Please Circle One

### Emergency Medical Release

If emergency medical care is deemed necessary and I cannot be reached, I authorize Lil' Saints Preschool staff to act on my behalf in granting permission for my child to receive emergency treatment and to arrange appropriate transportation to an appropriate hospital/facility.

Yes      No

### Directory Permission

I give my permission to Lil' Saints Preschool to publish the following information in the school directory to be distributed to other families within the class: child's name, address, telephone number, email address and parents' names.

Yes      No

### Photographic Permission

I give my permission to Lil' Saints Preschool for my child to appear in photographs for the preschool's displays, marketing materials, website and social media (Facebook, Instagram). No child's or parent's name will be published in these materials.

Yes      No

### Topical Treatment Permission

I give permission to Lil' Saints Preschool staff to apply the following as needed: sunscreen, bug repellent, Bactine (Antiseptic), Peroxide, Calamine lotion.

Yes      No

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date