

## EMERGENCY TRANSPORTATION PERMISSION FORM

I understand that no emergency treatment will be given to my child without parental consent, except in a life-threatening situation. Since informed consent must be given at the time of the incident, I understand that I must leave numbers where I (or my spouse or a responsible adult designated by me) may be reached daily if the numbers below do not apply for that day.

In case of a medical emergency while my child is attending \_\_\_\_\_,  
I understand that the following procedure will be followed:

1. The center will contact parent(s):  
Mother can be reached at \_\_\_\_\_ or \_\_\_\_\_  
Father can be reached at \_\_\_\_\_ or \_\_\_\_\_.
2. If neither parent is available the center will contact these emergency persons:  
Name \_\_\_\_\_ can be reached at \_\_\_\_\_  
Name \_\_\_\_\_ can be reached at \_\_\_\_\_
3. The center will arrange for emergency transportation to the nearest emergency medical facility, if necessary. At no time will a staff member drive with my child unless accompanied by another adult. My child will be transported by an ambulance or other such vehicle when necessary.
4. The center will also contact my child's physician, Dr. \_\_\_\_\_  
who can be reached at \_\_\_\_\_.

I hereby authorize the center to follow this procedure.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



St. Paul's Episcopal Preschool & Kindergarten  
PERMISSION SLIP

I, undersigned, parent(s) or guardian, do hereby consent and agree that St. Paul's Episcopal Preschool, its employees, or agents have my permission to take photographs, videotapes, or digital recordings of my child(ren), to use in all school related websites or pamphlets, and exclusively for that purpose only.

I do hereby release to St. Paul's Episcopal Preschool, its employees, and agents all rights to exhibit this work in print and electronic form publicly without the intention of sales or profit.

I understand that there will be no financial or other remuneration, either for initial time or in the future.

Parent Or Guardian \_\_\_\_\_

Child's name: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_