

**Mount Olive Lutheran Preschool
Parental Release Form**

1. I hereby grant permission for my child to:
 - Use all play equipment and materials and to participate in all of the activities planned for each day.
 - Be transported by bus on field trips pursuant to parental consent on field trip permission slips.
 - Attend walking field trips
 - Be included in evaluations, pictures which may be used for publicity purposes, and recordings associated with the programs which also may be used for publicity purposes. Programs planned and potential publicity will be posted for your review.

2. I hereby grant permission for my child to participate in any screening or evaluations provided by Mount Olive Lutheran Preschool. This includes, but is not limited to:
 - Auditory evaluation
 - Speech and language evaluation
 - Vision evaluation
 - Developmental or educational screening.

3. I hereby grant permission for staff to take necessary steps to obtain emergency medical care until I can be contacted. Steps may include, but are not limited to:
 - Attempting to contact parents or guardians
 - Attempting to contact child's physician or dentist
 - Taking the child to the emergency room at St. Francis Hospital or elsewhere.

4. I hereby agree to pay all costs and fees incurred during emergency medical treatment, and to hold Mount Olive Preschool and all of its agents and staff harmless in case of illness, injuries and treatments thereof.

5. I hereby grant permission for my child to receive medication, which has been prescribed by my child's physician, and agree to supply such medication in the original properly labeled containers as provided by the pharmacy.

Signed (by parent or guardian)_____

Date_____