

**SHEPHERD OF THE HILL CHRISTIAN PRESCHOOL
CONSENT/RELEASE FORM**

PHOTOGRAPHS

I authorize **Shepherd of the Hill Preschool** to take photographs of my child that may be used for publicity purposes.

Date: _____
Signature of Parent/Guardian Relationship to Child

EMERGENCY FIRST AID

The only first aid measures taken at the center are as follows:

Bump or bruise: ice pack/rest Splinter: Tweezers/soap, water, band aid
Cut or scratch: antiseptic soap, water, band aid Nose bleed: ice pack, rest

If further care is needed, we will notify a parent.

Date: _____
Signature of Parent/Guardian Relationship to Child

EMERGENCY MEDICAL CARE

This authorizes **Shepherd of the Hill Preschool** to secure EMERGENCY medical care for my child when I cannot be immediately reached. I will be responsible for the emergency medical charges upon receipt of the statement.

_____ is the preferred doctor/clinic/hospital.

Date: _____
Signature of Parent/Guardian Relationship to Child

TRIPS AND EXCURSIONS

I authorize **Shepherd of the Hill Preschool** staff to take my child on walking trips and special excursions. I understand all such trips are under the supervision of the **SOTH Preschool** staff and that all health and safety precautions are in compliance with DCFS standards for licensure.

Date: _____
Signature of Parent/Guardian Relationship to Child

POLICY AGREEMENT

I am in agreement with all the procedures and policies as stated in the Parent Information Handbook as formulated for the operation of the Shepherd of the Hill Preschool Center. I fully understand that while my child attends Shepherd of the Hill Preschool, he or she will be involved in or exposed to:

- Weekly Pastor chats with Bible stories and Christian songs
- Learning about God and His love for us
- Celebrate traditional Christian and multi-cultural holidays
- Prayer before snacks
- Recite the Pledge of Allegiance during circle time

Date: _____
Signature of Parent/Guardian Relationship to Child