

Treatment of Illness or Accident

My family physician, as listed on the application provided by the Lollipop Lane Preschool, may be contacted for examination or treatment in case of illness or accident if I or my spouse cannot be reached in case of an emergency.

Further, if the family physician cannot be reached by the preschool, Lollipop Lane has my permission to contact another practicing physician.

Signature of both parents _____

Liability Release

I will not hold First United Methodist Church, Lollipop Lane Inc., and/or teacher and teacher's aide, responsible for any accident or injury incurred on the church property, preschool classrooms, and playground.

Signature of both parents _____

I understand that the Lollipop Lane Preschool will not pay doctor, hospital and/or emergency transportation cost for any accident or illness incurred at the preschool.

Signature of both parents _____

Press Release

I give my permission to Lollipop Lane Preschool to use photographs, videos, and/or recordings of my child for art and educational purposes.

Signature of both parents _____

I give my permission for group photos of class accomplishments or activities to be posted on Lollipop's website or face book page for parent's information and enjoyment. No names will be included with pictures.

Signature of both parents _____
