



CONSENTS/RELEASES

Name of Child _____ Date _____

Parent Handbook

I/we have read the Parent Handbook and are familiar with the way in which Riverside Presbyterian Preschool operates. **Specifically, we understand the Dismissal Procedure and process should we pick up late.** Additionally, I/we understand the role of the parent and agree to the terms of tuition payments.

Signature _____ Relationship _____

Signature _____ Relationship _____

Emergency Medical Care

This authorizes Riverside Presbyterian Preschool staff to secure emergency medical care for my/our child when I/we can not be immediately reached at the time of the emergency. I/we will be responsible for the emergency medical charges.

Signature _____ Relationship _____

Signature _____ Relationship _____

Administration of Prescription Medication

I/we authorize Riverside Presbyterian Preschool staff to administer prescribed medicine to my/our child as specified in the prescription's directions for administration.

Signature _____ Relationship _____

Signature _____ Relationship _____

Administration of Over-the-Counter Medication

I/we authorize Riverside Presbyterian Preschool staff to administer over-the-counter medicine to my/our child as specified in the directions for administration.

Signature _____ Relationship _____

Signature _____ Relationship _____

Discipline Policy

I/we are in receipt of the Discipline Policy for Riverside Presbyterian Preschool.

Signature _____ Relationship _____

Signature _____ Relationship _____

Trips, Excursions and Public Facilities

I/we authorize Riverside Presbyterian Preschool to take my/our child on walking trips, special excursions and to nearby public park facilities. I/we understand all such trips are under the supervision of the staff and that the health and safety precautions are taken in compliance with DCFS standards for licensure.

Signature _____ Relationship _____

Signature _____ Relationship _____

Photo/Video Release

I/we authorize the staff of Riverside Presbyterian to take photos and video of my/our child which may be used for Facebook, the school website (rpcpreschool.com) or print media. I understand my/our child's name will not be used in caption or text under any circumstances.

Signature _____ Relationship _____

Signature _____ Relationship _____

Directory

I/we authorize the following information to be published and shared with the families enrolled in the preschool: student name, address, adult name(s), email(s) and phone number(s). I/we understand this information is not to be used for sales or solicitation.

Signature _____ Relationship _____

Signature _____ Relationship _____