

PERMISSIONS

Field Trips: I understand that transportation to all field trips will be my responsibility, as well as the care and safety of my child for the duration of the field trip. Lowell Community Preschool teachers are not responsible for the care and safety of my child while on field trips.

Consent for Treatment: In the event of an accident or illness requiring medical attention, I understand that the school will attempt to notify me and will call for emergency medical services in the case of an injury or illness that is too serious to be treated with standard first aid. I also realize that the Lowell Community Preschool and Lowell School District cannot be responsible for any expenses incurred in the treatment of students.

I consent to treatment, operations, or anesthetics, which may be ordered by my student's care provider or emergency medical personnel.

PARENT/GUARDIAN SIGNATURE: _____
→

DATE: _____

MM / DD / YY

Media: Lowell Community Preschool and Lowell School District may use your child's image in photographs or videos relating to activities, or events involving the program. If you would prefer that the Lowell Community Preschool and Lowell SD not use your child's image, you may opt out.

Check here if you **do NOT** want the Lowell Community Preschool to release your child's image to be included in any public outlet outside of the district, including publications, newspapers, news outlets, magazines, websites, and/or social media relating to the Lowell Community Preschool or Lowell School District.

MEDICAL INFORMATION

Student's Doctor: _____
Name Phone

Student's Dentist: _____
Name Phone

Hospital of Choice: _____

Please mark if your student has any of the following conditions:

ADD/ADHD _____

Hearing Loss _____

Speech Disorder _____

Vision Problem _____

Asthma _____ Check if Life Threatening

Diabetes _____ Check if Life Threatening

Physical Impairment _____ Check if Life Threatening

Heart Problems _____ Check if Life Threatening

Seizure Disorder _____ Check if Life Threatening

Other _____ Check if Life Threatening

Allergies _____ Check if Life Threatening

Food Allergies _____ Check if Life Threatening

Is your student taking medication? No Yes _____

