





# FUMC Permissions and Policies

Please list those people who are authorized to pick up your child **excluding yourself**. The people listed below must present ID in order for our staff to release your child. **NO EXCEPTIONS** will be made regarding this policy.

**Other than Parent/Guardians, please list those authorized to pick up child:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Emergency contact (In the event we are not able to reach a parent... we will call this number first.)**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Permissions and Policies:

**I give my permission to First United Methodist Church to take pictures or videos of my child. These pictures and videos will be used by the teacher and school only. These photographs and videos will not be used for any publicity.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I \_\_\_\_\_ give permission for an FUMC Preschool Staff member to apply hand lotion and/or sunscreen to my child, \_\_\_\_\_, for the prevention of dry skin and/or sunburn.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I have received a copy of the Parent Handbook. I understand that the program reserves the right to terminate services if policies and procedures are not followed.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Parent Medical Authorization

I hereby grant permission for steps to be taken as are necessary to obtain emergency medical care for my child. These steps include, but are not limited to:

1. Attempt to contact the parent/guardian.
2. Attempt to contact child's physician.
3. Attempt to contact a parent through emergency contact people listed on registration form.
4. In the event that we cannot contact your child's physician, we will do any or all of the following:
  - A. Call another physician
  - B. Call an ambulance
5. Any expense incurred under item #4 will be the responsibility of the child's family.
6. The school will not be responsible for anything that may happen as a result of false or incomplete information given at the time of enrollment.
7. The school will not assume responsibility for a child who has not been signed in by an adult upon arrival at the school.

I hereby agree to comply with the above policies and procedures and allow for the release of medical information provided by me to the school should such an emergency occur.

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Other Medical Information:

Regular Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Insurance Information

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**I would like more information about First United Methodist Church**      **YES**      **NO**