



**Preschool Parent Release and Consent**  
School Year 2021-2022

Family Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent Emergency Consent:** As a parent or legal guardian of the child named below, I hereby give consent for emergency medical care. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent. I also agree to support the Parent Handbook and all school policies.

Recognizing the possibility of physical injury, I hereby release, discharge, and/or indemnify Shepherd of the Desert Lutheran Church and School, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields, and the facilities utilized for programs against any claim by or on behalf of the registrant as a result of the registrant's participation or being transported to or from the same, which transportation I hereby authorize. I, the parent/guardian of the registrant, a minor, agree that I will abide by the rules of Shepherd of the Desert Lutheran Church and School and its affiliated organizations and sponsors. Initial for consent: \_\_\_\_\_

**Sunscreen:** I understand that it is my responsibility to apply sunscreen to my child before school. If it is necessary to reapply sunscreen, I give the staff of Shepherd of the Desert permission to do so. Initial for consent: \_\_\_\_\_

**Photo Consent:** I hereby give permission for my child's photograph or video image to be used in Shepherd of the Desert school and church publications, including website, facebook, the newspaper and for local publications through video, local newspaper or television advertisement. All publications will be picture only. Names of students will not be attached to any photos used within school related publications. Initial for consent: \_\_\_\_\_

**Field Trips:** I give my son/daughter \_\_\_\_\_ permission to participate in all field trips and school activities approved by the school and to walk with his/her teachers and classmates to the neighboring care facilities to participate in activities with the residents. I understand that every effort will be made to notify me of field trips at least one week prior to the event. A notice will be posted at the classroom or on the sign-in sheet prior to the activity and by signing I give my child permission to participate. No child will be allowed to participate without written parent consent. Initial for consent: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Parent Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

\_\_\_\_\_  
*Father's Signature or Legal Guardian & Date*

OR

\_\_\_\_\_  
*Mother's Signature or Legal Guardian & Date*