

Release Form

Corner-Stone Church Preschool
20__ - 20__ School Year

I hereby grant permission for my child, _____,

- a. to use all the play equipment and participate in all of the activities of the preschool
- b. to leave preschool premises under the supervision of our staff in the case of an emergency
- c. I give permission for my child's name, address, phone number and email address to be printed in a class or preschool directory
- d. I will not hold Corner-Stone Church Preschool or any staff member liable in the case of accidental injury while at school
- e. I hereby grant permission for the Director to take whatever steps necessary to obtain medical care. These steps will be taken, but not limited to, the following:
 - 1. Attempt to contact a parent or guardian.
 - 2. If we cannot contact a parent or guardian we will have the child taken to an emergency hospital in the company of a staff member.
 - 3. Any expenses incurred under #2 above will be borne by the child's family.
 - 4. The preschool will not be responsible for anything that may happen as a result of false information, or information that has changed and an update is not given to the preschool office.

Printed Name _____
(Parent or Legal Guardian)

Date _____

Signature _____