



shining light

P R E S C H O O L

FRANKLIN CHRISTIAN CHURCH

Medical History, Release Form, and Emergency Information

Child's Name: _____

Birthdate: _____

Class: _____

MON/WED

TUE/THUR

Emergency Contact Information (Parents/Guardians):

1. _____

Cell Phone: _____

May we text you? Yes No

2. _____

Cell Phone: _____

May we text you? Yes No

Contact person if neither parent/guardian can be reached:

1. _____

Cell Phone: _____

2. _____

Cell Phone: _____

Is your child currently under medical care? Yes No

If Yes, please describe: _____

Is your child currently taking any medication? Yes No

If yes, what kind? _____

I give permission for my child to be treated with antibiotic ointment if needed: _____ (initial)

Does your child have any heart problems, breathing problems, allergies or other medical/physical problems that you would like us to be aware of? Please explain: _____

Food allergies:

Name of physician: _____

Phone: _____

In the case that neither parent can be reached, we hereby give permission for any emergency medical treatment that is deemed necessary or advisable under the circumstances by a licensed physician.

Parent/Guardian Signature: _____

Date: _____

Child Pick-Up Permission Form

The following people other than parents have permission to pick-up my child/children from Shining Light. I realize that a driver's license is required in order to pick-up child.

- | | |
|--------------------------|-------------------|
| 1. _____ | Cell Phone: _____ |
| Relation to child? _____ | |
| 2. _____ | Cell Phone: _____ |
| Relation to child? _____ | |
| 3. _____ | Cell Phone: _____ |
| Relation to child? _____ | |
| 4. _____ | Cell Phone: _____ |
| Relation to child? _____ | |

Please initial and date: _____

Submit any changes in writing to Shining Light Office.

Photo Release Form

On behalf of _____ (child's name),

I, _____ (parent/guardian name printed),

grant Shining Light Christian Preschool:

1. the right and permission to use and publish photographs, video recordings, and/or slide pictures of the above name child for Shining Light use only.
2. Permission for the photographs or other medium to be altered, combined with other photographs or art work, combined with any printed, visual, or audio material, enhanced with computer or other technology, and used in any medium and multi-media formats now known or hereafter invented for Shining Light.

I, and on behalf of the child, waive any right to inspect or approve the finished product. I, and on behalf of the child, release, discharge and agree to hold harmless the photographer, Shining Light, and persons acting with its permission or authority, from liability that may occur because of the taking of photographs or their later processing, use, or publication, including without limitation any claims for libel, slander, or invasion of privacy.

This release shall be binding upon me and my heirs, legal representatives, assigns.

_____ Yes, you may photograph my child.

_____ No, I do not give permission to have my child photographed.

Signature of parent/guardian: _____ Date: _____