



**Permission Slip - Activities & Photo Release
Church of the Holy Cross & Best Beginnings Preschool**

Print Clearly

Participant's name: _____ age _____ date of birth _____
 Participant's name: _____ age _____ date of birth _____
 Parents' Names: _____
 Cell Phones _____
 Email _____

PERMISSION TO ENGAGE IN PARENTS NIGHT OUT, MY DAY OUT ACTIVITIES

Permission is hereby granted by the undersigned for my child to participate in all organized Parents' Night Out or My Day Out activities during the period of:

January 2020 through December 2020

We, the undersigned, take full responsibility for the actions of our child and relieve all adults and the Church of Holy Cross and Best Beginnings Preschool of any liability in conjunction with these activities.

EMERGENCY MEDICAL CONSENT

We give permission, if we cannot be contacted, for our child to be treated at any hospital or licensed health care facility by any physician when deemed immediately necessary or advisable by the physician to safeguard our child's health. I waive the right of informed consent to such treatment.

EMERGENCY INFORMATION

In case of emergency, please contact:

(Parent or guardian) _____ (Cell Phone) _____

(Additional contact) _____ (Phone) _____

What would you like us to know about your child regarding **limitations, dietary restrictions, allergies** and/or **medications?** (if none, write that here):

Health Insurance Company: _____

Policy Number: _____ Name of Insured: _____

Signature of parent/guardian _____ date _____

Signature of parent/guardian _____ date _____

PHOTO RELEASE

I give permission for photographs of my child taken during Parents' Night Out, My Day Out activities to be used in Holy Cross publications, on the Holy Cross Website and in Diocese of Olympia Publications. Initial here _____.