

FIELD TRIP, PARENT AUTHORIZATION, SOCIAL MEDIA & MEDICAL RELEASE

I hereby give permission for _____ to participate in events, activities, and field trips with Blacksburg United Methodist Preschool for the school year 2021-2022.

- I understand that risks of accidental injury are incidental to the conduct of normal classroom participation, playground activities, and elective extra-curricular activities. I assume all risks and hazards incidental to the conduct of events, activities, and normal classroom participation and hereby acknowledge and give our informed consent for participation.
- I grant permission for my child to be transported in case of a situation that may require evacuation from the church, use of the church bus, or privately-owned vehicles which are owned and operated by Blacksburg United Methodist Preschool staff.
- In the event of accident, illness, or injury, I hereby grant permission to Emergency Medical Personnel, Attending Physicians, and hospital personnel to perform whatever care is necessary for the welfare of my child until I can be in attendance.
- I give permission for Blacksburg United Methodist Preschool to photograph/video and publish my child's image for the following (please circle or cross out your preferences):

Internal Use	External Use
Private Classroom Facebook Page	Social Media (Facebook, Instagram, etc)
Craft Projects	BUMP Website
Newsletter	Promotional Materials
Bulletin Boards	Newspaper
Other Internal Uses	Other External Uses

- I give permission for our names, telephone numbers, and email addresses to be released for the classroom directory. Yes No

Primary Care Provider: _____ Telephone Number: _____

Dentist: _____ Telephone Number: _____

Allergies: _____ EpiPen Inhaler

Medical Issues: _____ Explain: _____

Insurance Company: _____

Group Number: _____ ID Number: _____

If any medications are to be administered, please see the Director for an additional form.

Parent/Guardian Signature

Date