

Elizabethtown Community Nursery School
AGREEMENTS AND PERMISSIONS

Child's Name _____

Parent's Name (Print) _____

I give permission for my child to have emergency medical care during school hours if needed in the event that I cannot be reached.

Parent Signature _____ Date _____

I give permission for my child to have emergency dental care during school hours if needed in the event that I cannot be reached.

Parent Signature _____ Date _____

I am willing to have my child's photograph taken at ECNS and used for non-commercial purposes.

Parent Signature _____ Date _____

I am willing to have my child's photograph posted on the ECNS website. (Students are not identified by name.)

Parent Signature _____ Date _____

I am willing to have my child's **first name** posted on his/her class webpage.

Parent Signature _____ Date _____

I give permission for the following persons to have access to my child's health information:

Directors, Administrative Assistant and any member of the teaching staff assigned responsibility for the care and education of my child.

Parent Signature _____ Date _____

I give permission for ECNS to release my child's records to their receiving school district. It is understood that this information will be used in a professional and confidential manner in the best interest of my child.

Parent Signature _____ Date _____