

SAINT JUDE CATHOLIC SCHOOL

Pre-School Parental Consent Form

Name of Child: _____

Please read carefully and check the appropriate response. Cross out and initial any sentence or part of a sentence to which you cannot give consent.

1. I understand that in the event of illness or injury of my child, every attempt to contact me will be made. If, in the opinion of a staff member, that illness or injury requires treatment, I hereby give consent for medical treatment by a qualified doctor selected by the person in charge of the Saint Jude Catholic School Preschool, it's members and agents both jointly and severally, are herewith relieved of all liability expressed or implied which may result from such services.

Yes _____

No _____

2. I will permit my child to visit St. Jude Church and other points of interest on the grounds of St. Jude Catholic Church and School under the supervision of a qualified staff member.

Yes _____

No _____

3. I have read, understand and agree to abide by the written policies set forth in the Parent Handbook. I understand that these policies may be changed and every attempt will be made to give notice of the changes prior to implementation.

Yes _____

No _____

4. I have received a summary of the discipline policies (included in the Parent Handbook.)

Yes _____

No _____

5. I have received a copy of the brochure: "Know your Child's Day Care" as required by HRS.

Yes _____

No _____

Parent/Guardian Signature: _____ Date: _____

Consent is given for _____ regarding the above.

(Please print Child's Name)

*I am aware that I must provide snack and lunch for my child daily. _____