

Child's Name _____ Class _____
Last First

LCNS GENERAL PERMISSION FORM

MEDICAL

1. Although LCNS attempts to exercise caution at all times, in case of emergency, I hereby give permission for:
 - a. my child to be administered first aid by an LCNS staff member.
 - b. my child to be taken to the Emergency Room of Condell Hospital for any immediate treatment deemed necessary by the staff at Condell Hospital.

It is understood that the parent will be advised of said action immediately. This authorization serves to protect your child and allows the Libertyville Cooperative Nursery School to act in careful judgment on behalf of your child's welfare.

2. I hereby give my permission to the staff of LCNS to confer with _____, my child's physician, when necessary.

ACKNOWLEDGEMENT OF INSURANCE COVERAGE

I understand that while LCNS attempts to exercise reasonable caution at all times, accidents may still occur. Therefore, all children attending LCNS are protected by insurance coverage with a \$100.00 deductible for any medical expenses.

TRIP PERMISSION

My child, _____, has my permission to accompany his/her class on field trips arranged by LCNS. It is understood that safety precautions will be taken and that parents will be notified of trips planned outside the immediate school area. Walking trips within close proximity of the school are occasionally taken, weather permitting.

PHOTOGRAPHS

Photographs of children participating in LCNS activities may be taken from time to time for publicity purposes, i.e. newspaper or brochures. I hereby give my permission for photographs of my child to be used without compensation.

INTERNET

Student pictures may occasionally be featured on LCNS web pages. **In no case shall student's name, home address or telephone number appear in conjunction with any website publication.**

I have read the foregoing agreements and accept the conditions stated herein.

Signature of Parent or Guardian Date _____

Address City Zip Code