

WOODLAND PRESBYTERIAN CHURCH EARLY LEARNING CENTER
5824 Berkley Drive, New Orleans, LA 70131
(504) 394-7877 Ext. 19

RECEIPT, RELEASE, AND MEDICAL AUTHORIZATION

I, the undersigned parent and/or primary legal custodian of the child named below hereby acknowledge as follows:

(a) Parent Handbook Receipt. I acknowledge that I have received, read and understand the Parent Handbook for the Woodland Presbyterian Church Early Learning Center (the "School") and will abide by the guidelines as set forth therein.

(b) Medical/Injury Release. I assume responsibility for all medical bills incurred on behalf of my child resulting from illness or injury during my child's enrollment at the School and release the School and its employees and members from any and all claims, damages, and/or liability arising out of personal injury of any kind my child may incur.

In case of an accident or serious illness, I request that the School contact me. If the School is unable to reach me, I hereby authorize the School to act as my agent to call the physician named below and follow his/her instructions. If it is impossible to contact this physician, the School, as my agent, has my permission to make whatever arrangements it deems necessary and appropriate and to follow treatment suggested and rendered by a physician licensed under the laws of the State of Louisiana, including but not limited to medication, diagnostic procedures, x-rays, anesthesia, surgery, and other procedures deemed necessary to secure and maintain the health and well being of my child.

(c) Field Trip Release. I grant permission for my child to participate in field trips that may be taken from time to time during the year. Advance notice of any trip will be given to me and I may chose to exclude my child's participation from any trip.

(d) Photography Release. I grant permission for the School to take and use photographs or other media portrayals of my child from time to time for School purposes.

(e) Student Lists. I grant permission for the School to release my name, address, and telephone number for school purposes only.

Signature of parent/ guardian: _____ Date: _____

Name of child: _____

Name and address of child's physician: _____
