Salem Methodist Preschool
115 W. Lincoln Ave., Barrington, IL

Parental Consent Policy

Today's Date_____

Child's Name_____ DOB:_____

By initialing each item you are providing consent/acknowledgement to Salem Methodist Preschool. If you are not in agreement please indicate by circling **no consent.**

- **Consent to Emergency First Aid, EMT Transportation & Medical Care**

I/We grant permission to the staff/Administration team of Salem Methodist Preschool to administer First Aid to my/our child. I/We grant permission for my/our child to be transported by ambulance with a member of Salem Methodist Preschool Staff/ Administration team.

Initial_____ **no consent**

In the event that I/We (or our emergency contacts) cannot be contacted immediately, I/We grant permission for life-saving medical/surgical treatment deemed necessary by a physician to be performed on my/our child. I/We do not intend to hold Salem Methodist Preschool, Salem United Methodist Church or its employees financially liable.

Initial_____ **no consent**

- **Consent to Topical Application**

I/We grant permission to the Staff/Administration team of Salem Methodist Preschool to apply over-the-counter topical ointments/creams/moisturizers to my/our child including but not limited to diaper area cream. Body lotion, sunscreen, Chapstick and First aid ointment.

Initial_____ **no consent**

- **Consent to Leave Premises**

I/We grant permission to the Staff/Administration team of Salem Methodist Preschool to leave the premises for walks around SMP property or surrounding neighborhoods with my/our child as part of a classroom activity on foot. Initial_____ **no consent**

- **Salem Methodist Preschool Family Handbook**

I/We have received a copy of and was allowed to have questions answered regarding the most recent Salem Methodist Preschool Family Handbook outlining the policies & procedures guiding Salem Methodist Preschool programming. Initial_____

- **Tuition**

I/We have received information regarding Salem Methodist Preschool's current tuition/fee schedule. I understand the schedule & agree to the terms outlined.

Initial____**school year**_____

Parent(s) Printed Name:_____ Signature:_____

Parent(s) Printed Name:_____ Signature:_____