TEMPLE ISRAEL EARLY CHILDHOOD CENTER
14 Coleytown Road, Westport, CT 06880

RELEASE FORM

CHILD'S NAME _____

1. In the event of an accident or illness requiring emergency medical care, and in the event that I cannot be contacted immediately, I hereby authorize the Temple Israel Early Childhood Director or other person in charge to secure such medical care as necessary including care at Norwalk Hospital. Any expenses incurred will be borne by the child's family.

2. I will be responsible for my child's transportation to and from school.

3. I will provide special information to assist the facility in caring for this child (diet, habits, medical and food allergies, etc.)

4. I grant my permission for my child to be photographed or filmed. (We take pictures of the children engaged in various activities during our program. These pictures are used for bulletin board display, publicity, website, social media and/or training purposes.)

5. I grant permission for my child to leave the school premises under the supervision of staff members for field trips with prior notification. (For 3's and 4'sclasses only)

6. I do not hold the school or any faculty members responsible for any injury that might occur to my child while engaging in play activities or other situations if not caused by negligence of any representative of the school.

7. I grant permission for my child to use all of the play equipment and participate in all of the activities of the school, unless exceptions are noted here.

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I accept all the above policies.

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Signature of Parent or Legal Guardian Date