

ST. JOHN'S PRESCHOOL
Medical Consent Release Form
Due on or before 1st Day of School 2026/2027

Re: _____
(name of child)

In recognition of the fact that it might become necessary or advisable for my child to have medical treatment:

- I. I hereby give my authorization and consent for the rendering to my child, by a licensed physician or physicians, of such medical services and treatment as may become necessary or advisable during school hours and/or while my child is on the church grounds, regardless of whether such treatment or services become necessary by reason of an emergency, unanticipated conditions, or otherwise. Such consent and authorization shall also include the cooperation and assistance of nurses, technicians, assistants, other physicians, and any qualified medical personnel working under the supervision of a licensed physician.
- II. I Further, in consideration of your assuming the aforementioned responsibilities, I hereby release the Preschool Director and staff, and St. John's Episcopal Church from legal responsibilities or liability which might arise from the acts I have authorized and consented to above, including a release of all demands for damages on account of any accident which might occur to my child during the aforementioned period of time, and I hereby agree to indemnify and defend the Preschool Director and staff, Preschool and St. John's Episcopal Church against any loss, damages or demand by my child, or by any other person on behalf of or for the benefit of my child.

Signature of parent/guardian

Date

Phone number of parent/guardian

Mobile Phone Number

Insurance company & policy number for child