

Lakeside Presbyterian Nursery School
4430 McCulloch St. Duluth, MN 55804
Emergency Release Form

Please read and sign below:

I authorize the Lakeside Presbyterian Nursery School to act on the behalf of my child in an emergency situation when Parent/guardian cannot be reached or there will be a delay in reaching Parent/guardian. I understand that this may involve transporting my child to a doctor, hospital or contacting the rescue squad for assistance, and that expense incurred will be covered by the child's family. It is also understood that in some medical situations the staff will need to contact the local emergency resources before the parent, child's physician, and/or other adult acting on the parent's behalf.

Signed _____ Date _____

I give my permission for my child to take part in the following school activities:

_____ Walking field trips (parents will be notified of the purpose and destination of all trips, other than a simple walk)

_____ PHOTOGRAPHS – taken for in school use, social media- Facebook, Shutterfly.

_____ I have also been informed of the \$200.00 early withdrawal fee.

Signed _____ Date _____

