

SOUTH FAYETTE LITTLE LIONS PRESCHOOL
PARENTAL AND MEDICAL AUTHORIZATION

NAME OF CHILD _____

NAME OF PARENT OR GUARDIAN _____

Permission is hereby given for my child to participate in all school-related activities at south Fayette Preschool. This includes various field trips, local walks, and in house presentations throughout the school year.

I acknowledge that the school does not provide daily transportation to and from school. Transportation for field trips is provided by the South Fayette School District. I understand that I must complete a permission slip form before any field trip.

I authorize South Fayette Preschool to contact our child's pediatrician and/or the police/paramedics in the event of a medical emergency. This will be done immediately if the school has not been able to contact the parents or other named guardian.

Lastly, in consideration for the numerous benefits received by our child as a student at South Fayette Preschool, I hereby release the school from all ordinary liability for damages or injuries occurring in the normal course of school participation by my child.

If my child has any food allergies, South Fayette School District has permission to post his/her name and allergy in the preschool classroom to alert all high school students, substitutes, and teachers.

Name of Parent(s) _____

Signature of Parent _____

Home Phone Number _____

Work Phone Number _____

Cellular Phone Number _____
(If applicable)

Name and Phone Number of a friend or relative to contact in case of an emergency
