

STUDENT NAME: _____



Noah's Little Ark Preschool

A Ministry of First United Methodist Church in Palmyra
520 East Birch Street Palmyra, PA 17078

Medical Release/Permissions Form

While on the premises and under the care of Noah's Little Ark ("NLA"), the staff of NLA do their very best to protect every child, staff member, volunteer, and family member from illness, injury, and harm. The office of NLA always has on-hand a stock of basic medical first aid supplies including: ice packs, adhesive bandages, wrapping bandages, antiseptics, medical gloves, clean water and soap, and an AED (for sudden heart trouble) that also includes pads specifically designed for children.

In the event of any injury or illness, NLA shall inform the parents by providing a written Injury Report at the end of the program time that same day and shall call the provided phone numbers if the situation is more severe. The Injury Report shall be filled out by NLA staff and signed by the authorized person picking up the child at the end of the program that same day.

I give permission to the staff of NLA to provide simple first aid in form of adhesive bandages and/or ice packs in the event of scrapes, cuts, splinters (will not be removed), brush burns, bumps, bruises, trips/falls, bug bites and stings; and absorbent paper towels, napkins, and/or facial tissues in the event of a nosebleed.

I give permission to the staff of NLA to help my child change clothes and/or clean up in the event of nosebleeds, vomiting, bathroom accidents either wet or soiled, spilled food or drink, or any other event soiling my child or my child's clothing.

I give permission for the staff of NLA to call for emergency medical transport if they judge it necessary, *AND* to provide any type of first aid, to provide CPR, and/or to use the on-site AED to the best of their knowledge and ability while my child is under the sole care of the NLA staff, which is until a parent arrives on the scene, or until professional medical staff arrive on the scene, *AND* I agree to indemnify and hold the preschool, its staff, and its representatives and agents harmless from any costs incurred in connection with such medical attention or any related claims.

I give permission for my child to go on walking trips such as nature walks around the block, appropriately supervised and accompanied by school staff.

I give permission for my child's photo to be taken and used for in-house communications and on NLA's local social media (such as Facebook, bulletin boards, and newsletters). No child names will be publicly published in connection with these pictures.

Please print the name of parent or legal guardian:

Signature

Date