



Permission Form

Dear Parents,

The Department of Human Services requires that each student have on file, an agreement permission form signed by the child's parent/guardian. Please read, sign and return this form to the preschool before your child begins school.

- I have received and read the Normandale Preschool Parent Handbook and hereby agree to comply with the rules and regulations of Normandale Preschool regarding fees and payments, safety, health, behavior guidance policies and other items specified in the handbook.
- I give permission for my child's picture (without name) to be placed in a Normandale Preschool or church newsletter on their website, Facebook page or in preschool marketing materials
- I give permission for my child to be filmed in the Circus Video to be distributed to preschool families in the spring.
- I hereby grant permission for my child to use all the school equipment (including the playground) and participate in all activities of this preschool.
- I understand that parental permission will be obtained in writing before any occasion of research, assessment or public relations activity involving children at this preschool would take place.
- I give permission to the Normandale Preschool staff to obtain emergency medical treatment for my child should it become necessary when I cannot be reached. In case of an emergency, I understand that my child will be transported to Fairview-Southdale Hospital by the Edina Paramedic Unit, for treatment.
- I hereby authorize the use of nonprescription sanitizing wipes and instant hand sanitizer to be used in accordance with the manufactures' instruction.
- In the event of accidental ingestion I understand that Normandale Preschool will contact poison control.
- I hereby authorize Normandale Preschool to release my child's name, address and phone number along with parent names and email address for purpose of class list and car pooling needs. **If you do not wish your child's information to be given to preschool families, please contact the Preschool Office by the end of your first week of school.**

Parent's Signature _____ Date _____

Child's Name _____ Teacher _____