



**Permission to Transport and Secure Emergency Medical Treatment:**

In the event that my child,

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(Name of child)

in the absolute discretion of Okotoks Preschool Academy, requires immediate medical attention, I grant my permission for OKOTOKS PRESCHOOL ACADEMY to call for transportation and medical care by Emergency Medical Services (EMS). I understand and accept liability for all expenses incurred in administering this care to my child.

**(Requires the signature of BOTH parents/guardians).**

\_\_\_\_\_

Parent or Guardian's name (please print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent or Guardian's name (please print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

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**Permission to Photograph**

I, \_\_\_\_\_ do / do not give Okotoks Preschool Academy full permission to photograph my child,

(name of parent)

\_\_\_\_\_ during regular preschool hours and on field trips. I understand that the majority of the photos will

(name of child)

be used for a class photo album or CD project, some for the Okotoks Preschool Academy website / preschool FB page and perhaps

one or two for general advertising. No names will be published regardless of the use.

**Please initial which of the following you give permission for photo use.**

| Class Photo Album and/or<br>Class CD | Website and/or Facebook<br>page | General Advertising |
|--------------------------------------|---------------------------------|---------------------|
|                                      |                                 |                     |

\_\_\_\_\_

(Parent's Signature)

\_\_\_\_\_

(Date)