



PARENT CONSENT 2018-2019 School Year

Child's Full Name: _____ **Group:** _____

I, _____ Father Mother Guardian

of _____ agree and authorize the following procedures, events and activities during his/her enrollment in Holy Martyrs A.R.S. Ashkhen Pilavjian Preschool ("School").

Medical Consent:

- Emergency Medical Treatment Yes No
- In rare cases and based on the child's physician's order, the School Administration is able to administer Tylenol to the child. Yes No
 (If **Yes**, please complete and return PARENT PERMISSION / CONSENT FOR TYLENOL ADMINISTRATION & PHYSICIAN'S ORDER TO ADMINISTER TYLENOL. This form is included with the Health forms.)
- I authorize Holy Martyrs ARS Ashkhen Pilavjian Preschool to apply antibiotic ointment to my child for minor cuts or bruises. Yes No
- I authorize Holy Martyrs ARS Ashkhen Pilavjian Preschool to apply 30+ Sun Block Lotion to my child. Yes No
- My child is allergic to For his / her safety, I **authorize Holy Martyrs ARS Ashkhen Pilavjian Preschool to post my child's name in the lunch room, classroom and office.** Yes No

For Children with diapers:

I authorize the personnel to apply diaper rash ointment as needed provided by me. **Please initial: (.....)**

Dental Hygiene

I authorize my child to brush his / her teeth after eating with a toothbrush that I will provide.

Yes No

Fieldtrips & In House Educational Programs

I authorize my child to participate in any educational walking/bus field trips & in-house educational programs organized by Holy Martyrs ARS Ashkhen Pilavjian Preschool.

Yes No

Photographs & Videos

I, authorize Holy Martyrs A.R.S. Ashkhen Pilavjian Preschool to photograph and videotape my child during his/her school activities for child portfolio purposes, newsletters, brochures, fact sheets, presentation material, to post these photos and videos on the School's website and social media accounts, or release them to public broadcasting networks or any other educational organization for informational purposes and without any further written notification.

Yes No

Networking

For networking purposes, please list our information in the Preschool's directory, which will be distributed to all preschool parents.

Yes No

If yes, please choose which information can be released.

Parents' Name & Email Address Home Address (optional) Home Phone (optional)

➤ I authorize Holy Martyrs ARS Ashkhen Pilavjian Preschool Administration and my child's Group Teacher to have access to my child's pupil file, including health information. Please Initial: (.....)

Parent Name: _____

Parent Signature: _____

Date: _____