



**Christ the King Lutheran Preschool  
Emergency Release Form**

Child's Name \_\_\_\_\_ Name Called \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Authorization for Emergency Medical Attention**

In the event of illness or accident that requires immediate medical attention and/or treatment, I understand every effort will be made to contact me and my spouse. In the case of such an emergency, I hereby authorize and give my consent to the Director and Teachers of Christ the King Lutheran Preschool to provide and/or arrange necessary related emergency transportation for my child to the nearest medical facility for immediate care. I authorize them to select medical personnel (including, under the supervision of, and on the advice of a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel) who may order X-rays, routine tests, medical or surgical diagnoses or treatment (including emergency care, hospitalization, anesthesia, surgery, or injections of medication) and to release any records necessary for insurance purposes. I will hold harmless Christ the King Lutheran Preschool, Christ the King Lutheran Church, the Preschool Director and staff, the Preschool Board, and/or any other individuals or agencies associated with this program, for any accident or injury that may occur to my child while attending Christ the King Lutheran Preschool.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy or Group # \_\_\_\_\_

Name of Policyholder \_\_\_\_\_ Employer \_\_\_\_\_

Please list up to three nearby relatives/friends that you authorize to transport your child home and/or assume temporary care of your child if you cannot be reached.

**Emergency/Authorized Pickup 1**

**Emergency/Authorized Pickup 2**

**Emergency/Authorized Pickup 3**

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Publicity Permission Form**

I give permission for my child to be photographed for articles promoting Christ the King Lutheran Preschool. These pictures may appear in newspapers and/or on our website. In posting a photograph or classroom project of a student, Christ the King Lutheran Preschool is careful not to associate a student's name in such a way that it can be identified with a photograph of the student.

Parent/Guardian Signature \_\_\_\_\_