



Parent Consent and Release Form

(Please complete one per child)

Child's Name: _____ Birth Date: _____ Gender: M / F

Parent/Guardian Name(s): _____

Address: _____

City/State/Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____

Two individuals (**other than the parents**) to notify in an emergency:

| Name | Address | Telephone #(s) | Relationship |
|------|---------|----------------|--------------|
| | | | |
| | | | |

Comments or medical information (any conditions or allergies):

Health Insurance Carrier: _____

Policy Number: _____

This Consent and Release Form is to certify that I, as parent/guardian, in consideration of the benefit to our child attending the Pluckemin Church Preschool located at Pluckemin Presbyterian Church, Route 202-206, Pluckemin, N.J., consent to our child attending Pluckemin Church Preschool under the jurisdiction of the organization, sponsors, officers, employees, agents and servants of the Pluckemin Presbyterian Church and the Pluckemin Church Preschool; and release the said Pluckemin Church Preschool and Pluckemin Presbyterian Church, its successors and assigns, its officers, directors, trustees, employees, agents, and volunteers of the said Pluckemin Church Preschool from any and all claims or actions whatsoever based on my child attending said Pluckemin Church Preschool including but not limited to any and all claims for damages, costs, expenses, and injuries.

In the event of an emergency where medical treatment is required, I give my permission to the staff to obtain the services of the Bedminster Rescue Squad, a licensed physician and/or hospital. I understand that the staff will make every attempt to notify me/us immediately concerning any such emergency.

Signed: _____ Date: _____