



Trinity Preschool of Berwyn

50 Main Avenue Berwyn, PA 19312
610-644-9370 - Fax 610-644-8429

Parental Consent Form

Student Information

Last Name: _____ First Name: _____ Home Phone: _____
House/Street: _____ City: _____ State/Zip: _____
Birthdate: MDY: _____ Class: _____

Medical Consent

In the event of a Medical Emergency (as defined below), the undersigned, being the lawful parent and/or guardian of the above named child hereby authorizes the Trinity Preschool of Berwyn and any of its staff or employees to provide for, approve and authorize any health care at any hospital, emergency room, doctor’s office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health or dental care to the Child. “Medical Emergency” shall mean an injury, disease or any other medical condition affecting the Child that may require immediate treatment or for which Trinity has unsuccessfully attempted, after reasonable efforts, to contact the parent and/or guardian on record before administering or authorizing any treatment.

Class Trip Consent

The Parent or Guardian further consents to the participation by the Child in class trips approved by Trinity and to the participation of the Child in all events relating to such activity.

Limitation of Liability

The Parent or Guardian assumes all risks associated with the consents granted in this agreement and agrees to hold harmless, release and indemnify Trinity from all liability, claims, demands, damages, costs, expenses, actions and causes of action arising or to arise by reason of the consents granted in this agreement.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Photo Use Consent

The Parent or Guardian further consents to the use of photographs of the Child by Trinity for educational purposes, including, but not limited to, the posting of photographs on the Trinity website, brochures and in-house material.

Signature of Parent/Guardian