## Westgate Chapel's 2024/2025 Annual Permission Form Westgate Preschool & Kindergarten

## Personal Information

Child's Name	Age	
Father's Name	Mother's Name	
	( )	
Father's Daytime Phone	Mother's Daytime Phone	
()		
Cell Phone	Evening Phone	
Street Address	City	State Zip
Emergency Information		
	()	
Emergency Contact	Cell Phone	
	(	
Daytime Phone	Evening Phone	
	(	
Physician	Phone	

Medical Insurance Name

Group Plan & Policy Number

My Child has permission to participate in all Westgate Chapel Preschool events for the 2024/2025 calendar year.

Westgate Chapel will take all reasonable precautions to protect the health, safety, and well being or your child on all events and activities. As parent / guardian, I hereby relinquish liability on the part of Westgate Chapel and any leaders for loss or injury while on an activity. Westgate Chapel is not liable for any losses to your child (including injury) whether negligence is on the part of Westgate Chapel, its leaders, or any other party involved.

In the event of an emergency in which a pastor of Westgate Chapel, parent, or leader perceives my child to need medical assistance, I hereby authorize the above to secure immediate assistance and treatment from the nearest physician, medical clinic, or hospital. Treatments may include (but are not limited to) x-rays, injections, anesthesia, or surgery. I understand that every attempt will be made to contact me. In the event that I cannot be contacted, I hereby authorize emergency personnel and physicians to treat my child.

Signature (Parent or Legal Guardian)

\_/\_\_\_ Date

Please explain in detail any allergies or medical conditions

\* If any of this information should change, the parent or guardian will be responsible to inform the preschool immediately and complete a new form before the next activity.