

**Westgate Chapel's  
2025/2026 Annual Permission Form  
Westgate Preschool & Kindergarten**

**Personal Information**

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

**Emergency Information**

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Emergency Contact	( ) Cell Phone
( )	( )
Daytime Phone	Evening Phone
	( )
Physician	Phone
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Medical Insurance Name	Group Plan & Policy Number

My Child has permission to participate in all Westgate Chapel Preschool events for the 2025/2026 calendar year.

Westgate Chapel will take all reasonable precautions to protect the health, safety, and well being of 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.

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Signature (Parent or Legal Guardian)	/ / Date
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Please explain in detail any allergies or medical conditions

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**\* 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.**