Westgate Chapel's
2026/2027 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 2026/2027 calendar year.

Westgate Chapel will take all reasonable precautions to protect the health, safety, and well-being of your child at 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 <u>is not liable</u> for any losses to your child (including injury) whether negligence is in 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. If 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.**