

PARENTAL PERMISSION

Messiah Lutheran Preschool 2848 County Road H2 Mounds View, MN 55112 (763)784-1786

Child's Name

This form must be completed and signed by the parents before a child can be admitted to Messiah Preschool in compliance with MN State Law (Rule 3, NM DHS 95503.0125). This information must be kept up-to-date by the parent.

I give permission to the staff of Messiah Preschool to act in an emergency or when a parent cannot be reached or is delayed.

Father's Signature

Date

Mother's Signature

Date

I give permission to the following people to transport my child to and/or from Messiah Preschool in place of the parent.

Name Phone

Name Phone

Name Phone

Name Phone

Name Phone

Name Phone

Father's Signature

Date

Mother's Signature

Date

I give permission to the staff of Messiah Preschool to administer syrup of ipecac. This will be administered only after poison control has been contacted and upon their instruction.

Father's Signature

Date

Mother's Signature

Date