



### Permission To Photograph/Video

I give permission for my child to be photographed/videotaped in scheduled preschool activities. Such photographs may be used by the co-op for publicity or educational purposes.

	Permission Granted	Permission Declined
Use and share in the classroom And co-op newsletter		
Use for co-op and college promotion including web sites- children will not be named		
Use for educational purposes- children's last names will not be used		

Child's Name \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Consent to Medical Care & Treatment of Minor Child

I give permission that my child may be given emergency treatment by a qualified staff member at the \_\_\_\_\_ Cooperative Preschool. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician, hospital, or aid car attendant when deemed necessary or advisable by the physician or attendant to safeguard my child's health, and I cannot be contacted. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

"I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct."

Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Authorization for Release Your Child to Another Adult**

**Who has permission to pick up your child (besides parents)?**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

He/she has been informed that picture identification may be required to pick up my child and that the child/adult must be addressed by the preschool teacher.

\_\_\_\_\_  
Parent or Guardian Date \_\_\_\_\_

**Field Trip Information Form**

My child, \_\_\_\_\_, has permission to go on Vashon Maury Cooperative Preschool field trips within a 30 mile radius of the preschool.

***Parents will be notified of all field trips.***

\_\_\_\_\_  
Parent or Guardian Date \_\_\_\_\_



**Each student's Certificate of Immunization Status (CIS) and Immunization Record or Exemption must be present at school before the child attends.**

**OPTION A:** If your child has been immunized, download and complete the official form here:

[http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-013\\_CertificateImmunizationStatusForm.pdf](http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-013_CertificateImmunizationStatusForm.pdf)

**OPTION B:** If your child has been immunized, contact his/her physician for a current record. **Write your CHILD's NAME in bold letters across the top.**

**OPTION C:** If you choose not to immunize for religious, personal, or medical reasons, download the form titled *Certificate of Exemption* and complete side A or side B following the instructions and including signatures.

[https://www.doh.wa.gov/Portals/1/Documents/Pubs/348-106\\_CertificateofExemption.pdf](https://www.doh.wa.gov/Portals/1/Documents/Pubs/348-106_CertificateofExemption.pdf)

**Bring the completed forms to your Orientation Meeting or give to your Parent Coordinator on or before the first day of class.**