



**Medical Release:**

In the event we cannot be reached during an emergency, I (we) undersigned give permission for our child to be treated by a licensed physician and for said physician to administer whatever care is necessary, including anesthesia, for their safety and care.

\_\_\_\_\_  
Parent or Guardian Signature(s)

Please note any special medical allergies, medications, problems, or other information that is pertinent:

**Are there any concerns or special circumstances of which we should be aware in order to best meet the needs of your child?**

**In order that we might locate you as quickly as possible should the need arise, where would we find you during the BL hour?**

**For Parents of children younger than 1<sup>st</sup> grade:**

My child, \_\_\_\_\_ may be released to the following persons:

_____	_____	_____	_____
Name	Relationship	Name	Relationship

\_\_\_\_\_  
Signature of Parent

**For Parents of children 1<sup>st</sup> through 5<sup>th</sup> grade:**

**My child has my permission to leave the classroom after BL.**

\_\_\_\_\_ (parental signature)

**Your child will remain in the classroom until you pick them up unless above is signed.**

**Zion Pictures**

We may want to post picture of our BL kids on Zion's publications (no names of course). Please check one:

Yes, I give permission to have my child's picture on Zion publications

No, I do not want my child's picture to appear on any Zion publication