

**THE YELLOW SCHOOL at Memorial Drive Presbyterian Church  
PERMISSION AND AGREEMENTS**

I hereby give permission for \_\_\_\_\_ to participate  
(child's name)

in all activities including water play and field trips, if any. I understand that I will be informed as to the specific date and location of any and each excursion.

I hereby agree that in case of any illness or accident requiring a physician's immediate attention, and if I cannot be immediately contacted by the school

\_\_\_\_\_ (Physician's name and address)  
may be called at \_\_\_\_\_ (phone #) and is authorized to treat my child. If this physician cannot be reached, I give permission for a physician designated by the program to administer treatment at my expense. I understand and accept the policies of THE YELLOW SCHOOL at MDPC. The above permission is given and agreement is made with THE YELLOW SCHOOL at MDPC, and I release the school from liability for any injury or illness resulting under all circumstances save gross negligence.

Name of Insurance Co. \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Co. ID# \_\_\_\_\_

SUBSCRIBED AND ACKNOWLEDGED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

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

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
(Print Name Here)

\_\_\_\_\_  
My Commission Expires

**THE YELLOW SCHOOL at MEMORIAL DRIVE PRESBYTERIAN CHURCH**

Class \_\_\_\_\_ Date Admitted \_\_\_\_\_ Teacher \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Mother \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell #: \_\_\_\_\_

Father \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's TDL# \_\_\_\_\_ Mother's TDL# \_\_\_\_\_

Preferred email address: \_\_\_\_\_

In case of emergency, call and release (please number in the order you'd like them called):

# \_\_\_\_\_ Mother  
# \_\_\_\_\_ Father  
# \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

# \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

# \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Any others to whom child may be released:

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

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

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

*Please list any allergies:*