

## RELEASE FORM

I \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, hereby release Covenant United Methodist Church Preschool & Parents Day Out Program and all employees, agents, heirs and assigns of Covenant United Methodist Church, from any and all liability, including but not limited to personal injury suffered by the above named child which may occur to my said child while said child is in the care of Covenant United Methodist Church or at any other place while in the care of Covenant Preschool & Parents Day Out. I understand that this release does not release the Covenant United Methodist Church from liability resulting from neglect or malicious intent.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian Signature

## MEDICAL AUTHORIZATION

I \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, hereby give permission to Covenant United Methodist Church Preschool & Parents Day Out and its agents to take the above named child to a doctor, emergency medical facility or a hospital if, in the opinion of employees or agents of Covenant United Methodist Church, said child requires medical attention in the form of a visit to a doctor, emergency medical facility or hospital.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian Signature