

Wesley Nursery School  
14 N. May St.  
Aurora, IL 60506  
630-631-5474  
www.wesleyumcaurora.org  
email: wesleypreschool@ymail.com

### **PERMISSION FORM**

I hereby give permission for my child, \_\_\_\_\_:  
*(initial each line to give permission)*

#### **EMERGENCY CARE**

In case of sickness or accident to my child while he/she is under the care and supervision of Wesley Nursery School, and I cannot be reached, I, the undersigned, give my consent to his/her teachers and the director of the school to provide emergency care through a clinic, hospital, or if Dr. \_\_\_\_\_, our family physician, cannot be reached, another doctor.

I give my express consent for x-rays if the doctor feels it is necessary. This agreement shall continue as long as the above named child is enrolled in Wesley Nursery School.

I also give my permission for teachers to apply first aid if my child receives a minor injury while he/she is at Wesley Nursery School. A note will be sent home explaining any minor injury and treatment given.

#### **WALKS**

To go on short walks with his/her class. I understand the walks are supervised by Wesley Nursery School Teachers and that safety precautions are taken.

#### **PHOTOGRAPHS**

To be photographed during classroom activities. These photos can be used in the classroom, bulletin board displays or for scrapbooks to be viewed by parents of prospective students.

To be photographed during classroom activities. These photos can be used for publicity purposes on our school website, official school Facebook page and brochures.

#### **SCHOOL DIRECTORY / EMERGENCY SCHOOL CLOSING PARENT LISTS**

Sharing of phone numbers and addresses to other parents of children enrolled in Wesley Nursery School through a Phone Directory.

#### **ASSESSMENTS**

To be part of no more than two annual assessments measuring individual cognitive, physical, language, and social/emotional growth. These assessments will be done at Wesley Nursery School by one of the teaching staff or a qualified volunteer. All information gathered will be shared with parents at conferences.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_