

## 2024-2025 Parent Authorization Form

Handbook Online at www.stpeterslutheranschool.org

Child's Name:	Child's Class:
DISCIPLINE: (under Discipline) Do you understand the discipline policy of Our school does not use corporal punishr. I have read and understand the discipline	ment as discipline. No staff member will ever spank your child.
Parent Signature:	Date:
MEDICINE: (under Health and Safety) I give permission for prescription and not procedure if a form is completed and kep	n-prescription medicine to be given to my child per School Handbook et on file.
Parent Signature:	Date:
EMERGENCY MEDICAL TREATMEN I give St. Peter's Lutheran School staff poneeded.	NT: (under Health and Safety) ermission to obtain emergency medical treatment for my child if
Parent Signature:	Date:
PERSONS AUTHORIZED TO PICK UP	P MY CHILD:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Parent Signature:	Date:
FIELD TRIPS: (3's and 4's only) (under I give permission for my child to be trans	Preschool Activities – Field Trips) sported on St. Peter's Lutheran School field trips secured in a car seat.
Parent Signature:	Date:
	nool does not provide care for ill children. Upon being contacted, I ts for my ill child to be picked up as soon as possible.
Parent Signature:	Date:
PUBLICITY RELEASE: I give my permission for my child's pictumay be used but no other personal inform	are to be used for publicity purposes. I understand that my child's name nation.
Parent Signature:	Date: