



Consent & Release Form 2022-2023 School Year

Student's Name: _____

My child may have his/her picture taken and used for publicity purposes. YES / NO
(Only to be put on Loving Hearts Fives *private* FB page and for classroom use)

Are you facing any custody issues/concerns over your child? YES/NO
If yes, please explain _____

In case parents cannot be reached, I authorize any emergency treatment deemed necessary for my child by any emergency response personnel.

Parent/Guardian Signature Date

In case of injury to my child while in the care, custody, or control of Foothills Loving Hearts Fives, **I HEREBY WAIVE ALL CLAIMS IN EXCESS OF THE LIABILITY INSURANCE THAT FOOTHILLS COMMUNITY CHURCH CARRIES.**

Parent/Guardian Signature Date

PO Box 797
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