

VUMC Preschool  
1809 Charlotte Hwy  
 Mooresville, NC 28115  
Telephone 704-664-1625

VUMC Preschool Liability Release Form

VUMC Preschool requires the following Liability Release form signed by both parents before your child can enter the preschool program.

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**IF PARENTS CANNOT BE CONTACTED PLEASE NOTIFY:**

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

I/We hereby assume all risk of personal injury for my child while attending or participating in VUMC Preschool activities. I/We give our permission to the school to call a doctor or paramedic for medical care for my child should an emergency arises. It is understood that a conscientious effort will be made to locate the child's parent or guardian before further action takes place. However, if it is not possible to locate a parent this expense will be accepted by us.

I/WE hereby release VUMC Preschool director, staff, and Board Members from any and all liability arising from of claims for injuries or damages that either individually or on behalf of your child might occur while any of these individuals are performing any of their duties.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_