

LACC Preschool Release Statements 2023-2024

Photo Release Statement

The instructor and student teachers at the Livingston Area Career Center have my permission to include my child _____ in pictures and videos for classroom use, school webpage, and local newspaper publications. Last names will not be published online.

Parent Signature

Date

Emergency Medical Care

The instructor and student teachers at the Livingston Area Career Center have my permission to secure EMERGENCY medical care for my child _____ when I cannot be immediately reached at the time of emergency. I will be responsible for the emergency medical charges upon receipt of the statement.

Parent Signature

Date

Trips and Public Facilities

The instructor and student teachers at the Livingston Area Career Center have my permission to take my child _____ on walking trips and to nearby public facilities. I understand that trips are under the supervision of the above-named person(s) and that health and safety precautions are taken in compliance with DCFS standards.

Parent Signature

Date

Handbook/General Information

I have been provided with and have read the Handbook/General Information. I understand that I am enrolling my child in a learning lab and if I have any questions or concerns I should contact the Career Center Director, Tera Graves and/or ECE Instructor, Amy Richardson.

Parent Signature

Date