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**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

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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.**

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Parent/Guardian Signature Date

PO Box 797

122 Grange St.

Molalla, OR 97038

503-759-0335

[lovinghearts@foothillsonline.com](mailto:lovinghearts@foothillsonline.com)

**Updated 8.4.22**