



### **Permission to Participate in School Activities and to Receive Emergency Medical Care**

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school.

I hereby grant permission for my child to be included in evaluations and pictures connected with the school program.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following.

1. Attempt to contact parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact parents through any of the persons listed on the emergency medical form completed for us by the parents.
4. If we cannot contact parents or child's physician, we will do any or all of the following:
  - a. call another physician or paramedics
  - b. call an ambulance
  - c. have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under 4, above, will be borne by the child's family.
6. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
7. The school will not assume responsibility for a child who has not been signed in when he/she arrives for the day.

Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**We must have your child's Birth Certificate on file  
for The State Board of Health**