

CELEBRATING CHILDREN PRESCHOOL PERMISSION SLIP



I hereby grant permission for my name, my child's name, address, e mail address, phone number and birth date to be included in a class list that is given to all parents.

I hereby grant my 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 leave the school premises under the supervision of a staff member for a walk to Hagemeister Park for our park day in the spring.

I hereby grant permission for my child to be included in pictures or public relations activity involving my child and the Celebrating Children Preschool 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 a parent or guardian.
2. Attempt to contact any of the persons listed on the emergency information form.
3. If a parent or emergency contact cannot be contacted, any of the following may be

done:

- a. Call 911
- b. Have an emergency vehicle transport my child to Fairview Ridges Hospital
- c. Call my child's physician

4. I will personally be responsible of any expense incurred listed under #3.

5. The school will not be responsible for anything that may happen as a result of inaccurate information given to them at the time of enrollment or contact information that changes during the year without notification.

Signed: _____ Date: _____
(Mother or Legal Guardian)

Signed: _____ Date _____
(Father or Legal Guardian)