



PERMISSION FORM

CHILD'S FULL NAME: _____

1. I hereby grant permission for my child to use all of the play equipment and participate in all activities of the Preschool.
2. I hereby grant permission for my child to leave the Preschool premises under the supervision of a staff member for neighborhood walks.
3. I hereby grant permission for the head teacher and/or director to take whatever steps may be necessary to obtain emergency medical care. These steps may include, but are not limited to, the following:
 1. Attempt to contact a parent or guardian.
 2. Attempt to contact the child's physician.
 3. Attempt to contact the parent through persons listed on the Emergency card.
 4. If the emergency is urgent, 911 will automatically be called prior to performing the above steps. We will try to honor the hospital designated on the Emergency card.
 5. Any expenses incurred as a result of calling 911 will be the responsibility of the child's family.
4. I hereby grant permission for the staff to administer Ipecac Syrup, if advised by The Minnesota Poison Control Center.
5. I hereby grant permission for my child to be included in the pictures connected with publicizing the Preschool.

Signed: _____ Date _____

Parent/Guardian