

RAINBOW DAYCARE CENTER

PERMISSION TO PARTICIPATE IN CENTER ACTIVITIES AND RECEIVE EMERGENCY MEDICAL CARE

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

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

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

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact any of the persons listed on the emergency information form.
4. If we cannot contact you or your child's physician, we will do any or all of the following:
 - a) Call another physician or paramedic
 - b) Call an ambulance
 - c) Have the child taken to an emergency hospital accompanied by a staff member
5. Any expenses incurred under action number 4 listed above, will be borne by the child's family.
6. Rainbow Daycare Inc. will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
7. Rainbow Daycare Inc. will not assume responsibility for a child who has not been signed in when he/she arrived for the day.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date