

RAINBOW DAYCARE CENTER

PERMISSION TO PARTICIPATE IN CENTER 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 center.

I hereby grant permission for my child to leave the center premises under the supervision of a staff member for neighborhood walks.

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 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 of guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact you through any of the persons listed on the emergency information form you completed for us.
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 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 center 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