



Emergency Medical Permission Form 2024-2025

I give permission for my child, _____, to use all the play equipment
(Print Child's Name)

and participate in all the activities of the school.

I give permission for my child to leave the school premises under the supervision of the staff for nature walks or field trips.

I give permission for the Director or Acting Director to take the necessary steps to obtain medical care for my child, 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 a parent through 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 of the following believed to be medically necessary:
 - 1.) Call another physician
 - 2.) Call an ambulance
 - 3.) Have the child taken to an emergency hospital in the company of a staff member
- 5.) The child's family will pay any expenses incurred under #4 above.

I understand that truthfulness about my child's medical conditions or allergies are necessary for the staff to render proper care in my absence. Absence of candor regarding any potential illnesses, allergies, communicable diseases or behavioral problems known to me may be grounds for my child's dismissal from programming at the school.

I acknowledge that the Director and the Advisory Board has the discretion to accept or reject admissions based on disruptive behavioral or serious medical conditions, and can request to the parent the need to assign nurse's aides to disabled children at a cost to the parent, if medically indicated, or other appropriate remedies. Application and acceptance will be determined on an individual basis as outlined in the Preschool Handbook.

Signed _____ Parent or Guardian /Date _____

Signed _____ Parent or Guardian/ Date _____