

**Permission to Participate**

I hereby grant permission for my child, \_\_\_\_\_, to use all or any of the play equipment and to participate in all of the activities of the school. I hereby grant permission for the Director or Acting 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 the parent or guardian, the child’s physician, or the person listed on the emergency information form.
2. If we cannot contact you or your child’s physician, we will do one or all of the following:
  - a) call another physician/nurse or paramedics
  - b) have the child taken to the emergency room at the local hospital in the company of a staff member.
3. Any expenses incurred as a result of injuries or damages that a child may suffer in connection with participation in school activities will be borne by the child’s family.
4. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Signed \_\_\_\_\_ (mother of guardian)

Signed \_\_\_\_\_ (father or guardian)

**(Both signatures preferred, when applicable)**

Date \_\_\_\_\_