

## PERMISSION TO PARTICIPATE IN SCHOOL ACTIVITIES AND TO RECEIVE EMERGENCY MEDICAL CARE

I hereby grant permission for my child to use all of the playground equipment and participate in all of the activities at the school.

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

I have no objection to my child being included in photographs, slides, or movies taken at Canyoncito Montessori School which could be used for purposes of interpreting the school program. I understand that any photography or observation will be done only with the supervision of the classroom teacher.

I agree to inform Canyoncito Montessori School of any and all personal changes in circumstances that would affect my status in the school; e.g. marriage, separation, divorce, change in employment, change in address or telephone number.

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

1. Canyoncito Montessori School will administer the proper first aid.
2. Canyoncito Montessori School will attempt to contact a parent or guardian.
3. Canyoncito Montessori School will attempt to contact the child's physician.
4. Canyoncito Montessori School will attempt to contact you through any of the persons listed on the emergency information form you completed for us.
5. 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.
6. Incidents will be documented and reported to the licensing authority.
7. Any expenses incurred under item 5, above, will be borne by the child's family. You will assume responsibility for any resultant expense not covered by your insurance.
8. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment or failure to report updated information.

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Father or Guardian

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Mother or Guardian

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Date

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Date