

POWAY COUNTRY PRESCHOOL

EMERGENCY MEDICAL RELEASE

Permission to Participate in School Activities and to Receive Emergency Medical Care

Child's Name: _____

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

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks, with prior written approval of parent.

I hereby grant permission for my child to be included in evaluations and pictures connected with the school 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:

- * Attempt to contact a parent or guardian.
- * Attempt to contact the child's physician.
- * Attempt to contact you through any of the persons listed on the emergency information form you completed for us.
- * If we cannot contact you or your child's physician we will either:
 - (a) call another physician or paramedic or
 - (b) call an ambulance (911)
- * Any expenses incurred for any of the above, will be borne by the child's family.
- * The school will not assume responsibility for a child who has not been signed in when he / she arrives for the day.

SIGNED: _____ DATE: _____

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