

**ST. ANDREWS PRESCHOOL
PERMISSION FORM**

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's name, address and phone number to be published in the school directory.

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 of 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 parent or guardian.
2. Attempt to contact child's physician.
3. Attempt to contact parent through any of the persons listed on emergency information form.
4. If we cannot contact you or your child's physician we will do any of the following: (a) Call another physician or paramedics, (b) call an ambulance, (c) have 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.

Signed: _____ Date: _____
(Parent or Guardian)