

**CREATIVE BEGINNINGS PRESCHOOL
EMERGENCY MEDICAL CARE, FIELD TRIP AND PLAYGROUND
FORM**

CHILD'S NAME _____

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

I give my permission for my child to leave the school premises under the supervision of a staff member for field trips.

I give my permission for my child's picture to be included in evaluations and our **internet** website connected with the school program. _____yes _____no (please initial one)

I give my permission for the School Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but not be limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact a parent or guardian 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 or all of the following:
 - Call another physician
 - Call 911
 - Have the child taken to the hospital or doctor's office in the company of a staff member.
5. The child's family will pay any expense incurred under #4 above.
6. The school will not be responsible for anything that may happen as a result of false information given to the school.

This form will be valid until your child withdraws from Creative Beginnings Preschool.

Parent or legal guardian sign below in front of a Notary Public

_____Date_____

Sign here

Subscribed and sworn to before me, in my presence this _____ day of

_____, 200_/200_ A Notary Public in and for Anne Arundel County in the state of

Maryland.

Notary Public

Med/field trip form 6/03