

CREATIVE BEGINNINGS PRESCHOOL WEBSITE RELEASE,
PLAYGROUND, AND EMERGENCY MEDICAL CARE
PERMISSION FORM

CHILD'S NAME _____

I give my permission for my child's picture to be included on our internet website (names will not be used). _____yes _____no (please initial one)

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 the school director or acting director to take whatever steps may be necessary to obtain emergency medical care for my child, if warranted. These steps may include, but not be limited to, the following:

1. Attempt to contact a parent or legal guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact a parent or legal guardian through any of the persons listed on the emergency information form or card.
4. If we cannot contact a parent, legal guardian, or your child's physician, we will do any or all of the following:
 - a. Call another physician
 - b. Call 911
 - c. Have the child taken to the hospital or doctor's office in the company of a staff member

The child's family will pay any expense incurred under #4 above.

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.

_____ Date _____
Signature of parent or legal guardian

Printed name of parent or legal guardian