

Noah's Ark Preschool

Permissions Agreement Form

Please place your initials next to each item to give permission.

I hereby grant permission for my child, _____, to use all of the play equipment and participate in all of the activities of Noah's Ark Preschool.

I hereby grant permission for my child to leave Noah's Ark Preschool premises under the supervision of a staff member for neighborhood walks or for fieldtrips in authorized vehicles.

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:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact the parent through any of the persons listed on the emergency record completed for Noah's Ark Preschool
4. If we cannot contact the parent or the child's physicians, we will do any or all of the following: (a) call another physician; (b) call an ambulance; (c) administer syrup of ipecac (which induces vomiting) as instructed by Poison Control; (d) have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under #4 above will be the responsibility of the child's family.

Noah's Ark Preschool will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Public relations: I give permission for my child's photo to be taken and/or video recorded. Photos and recordings will be used within the program (bulletin boards, teaching materials, etc.) or in promotional/marketing materials for the preschool (newspaper, website, flyers etc.). Photos used for public relations will generally not identify any child by name. Children's names will not appear on Facebook.

Name of Parent or Legal Guardian _____

Signature _____ **Date** ____/____/____