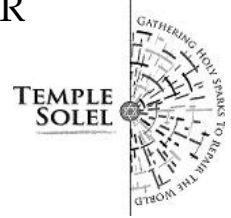


# TEMPLE SOLEL EARLY CHILDHOOD CENTER

3575 Manchester Avenue • Cardiff by the Sea, CA 92007

760.944.1285 • Fax 760.479.1058



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

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 the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian, the child's physician, or the persons listed on the emergency information form.
2. If we cannot contact you or your child's physician we will do one or both of the following:
  - a. Call another physician or paramedics;
  - b. Have the child taken to an emergency hospital in the company of a staff member.
3. Any expenses incurred under 2, above, will be borne by the child's family.
4. The school will not be responsible for anything that may happen as a result of false or incomplete information given at the time of enrollment.
5. The school will not assume responsibility for a child who has not been signed in upon arrival for the day.

Child's Name \_\_\_\_\_

Parent(s) signature \_\_\_\_\_ Date \_\_\_\_\_

Witness signature(s) \_\_\_\_\_ Date \_\_\_\_\_