

**SOUTH BARRINGTON PRESCHOOL & CHILDCARE
PERMISSION TO PARTICIPATE IN PROGRAM ACTIVITIES
AND TO RECEIVE MEDICAL CARE**

Child's Name: _____

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the preschool/child care center.

I hereby grant permission for my child to leave the facility under the supervision of a staff member for field trips in an authorized vehicle.

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 or Counselor to take whatever steps may be necessary to obtain emergency medical care if warranted.

While at the facility in the event of an extreme emergency, paramedics would be called and your child would be taken to Alexian Brothers Hospital in Hoffman Estates.

If an extreme emergency happened while participating on a field trip, paramedics would be contacted and your child would be transported to the nearest hospital or medical care facility.

At all times, the staff will continue to contact the parents or guardians, and other adults who have been listed on your child's registration form.

The program will not be responsible for anything that may happen as a result of false information given at the time of the child's enrollment.

I have read and understand the above statements and hereby give permission to the South Barrington Park District to act in the above manner when I can't be reached.

Signature of Parent or Guardian: _____

Date: _____

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