

Messiah Lutheran Child Care Center

**Permission Form : Permission To Participate In Center Activities
Permission 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 Messiah Lutheran Child Care Center. As part of the program at a Christian Child Care Center, we understand that you do include religious education as part of your daily program.

I hereby grant permission for my child to leave the Center premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

I hereby grant permission for my child to be included in evaluations and pictures connected with the Child Care Center program.

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. Call the paramedics if deemed necessary.
2. Attempt to contact a parent or guardian.
3. Attempt to contact the child's physician.
4. Attempt to contact you through any of the persons listed on the information you completed for us.
5. If we cannot contact you or your child's physician we will do any or all of the following: a) call another physician, b) call an ambulance, c) have the child taken to an emergency hospital in the company of a staff member.
6. Any expenses incurred under 5. Above, will be borne by the child's family. (Accident insurance is provided for all children in the Child Care Center while participating in activities of the Child Care Center or while traveling as a group away from the premises of the Center.)
7. The Child Care Center will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

NAME OF CHILD _____

SIGNED: _____ DATE: _____
(Mother or Legal Guardian)

SIGNED: _____ DATE _____
(Father or Legal Guardian)