



Permission Form

Child's Name _____ Birth Date _____

I give the staff at Circle Nursery School permission to release my child to the following people in the event of an emergency or if we are unable to reach the parents:

Name/Phone _____

Name/Phone _____

Name/Phone _____

Name/Phone _____

*Signed by (Parent or Guardian) _____ Date _____

I give the staff at Circle Nursery School permission to:

1. Take my child on walking trips.
2. Use my child's photograph in advertisements for the school.
3. Share my child's name, address, telephone number and email with classmates.
4. Use and consume food products for all projects and celebrations (excluding nut products).

*Signed by (Parent Or Guardian) _____ Date _____

I give the staff of Circle Nursery School permission to do the following for my child: In the event of an emergency:

1. Administer first aid.
2. Have my child transported to a hospital or emergency care center via ambulance
3. Obtain emergency medical or dental treatment.
4. Have my child transported to an emergency shelter in the event that an evacuation of the building is necessary.

Any expenses incurred while obtaining emergency medical treatment for my child will be my responsibility.

*Signed by (Parent or Guardian) _____ Date _____

Insurance Company _____ Policy# _____

Name of Insured _____

Child's Physician _____ Phone # _____

Child's Dentist _____ Phone # _____