



**PERMISSION TO PARTICIPATE IN SCHOOL ACTIVITIES  
AND  
OBTAIN MEDICAL CARE/TRANSPORTATION**

I give permission for my child to use all of the play equipment and participate in all of the activities of the school.

I give permission for the Director or Staff Member in charge to take whatever steps necessary to obtain 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 a parent or guardian through any of the persons listed on the application.
3. For a serious accident or injury, in addition to the above steps, we will do any and all of the following: (1) call an ambulance, (2) have the child taken to an emergency hospital in the company of a staff member. The nearest hospital is Phoenixville Hospital.
4. Any expenses, incurred under three (3) above will be paid by the child's family.
5. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

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

Date of Birth \_\_\_\_\_

Allergies \_\_\_\_\_

Name of Parent (print) \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_