

CREATIVE BEGINNINGS PRESCHOOL PHOTO
RELEASE, PLAYGROUND,
AND EMERGENCY MEDICAL CARE PERMISSION FORM

CHILD'S NAME _____

I give my permission for my child's picture to be included on our internet website/school Facebook Page (names will not be used). _____yes _____no (please initial one)

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

I hereby give my permission to Creative Beginnings Preschool to discuss my child's medical conditions and food allergies with pertinent staff members and volunteers for the safety of my child while in their care. I understand that my child's picture and name may be listed with their individual medical conditions, food allergies and symptoms as a visual reminder to all staff members and volunteers.

I give my permission for the school director or acting director to take whatever steps may be necessary to obtain emergency medical care for my child, if warranted. These steps may include, but not be limited to, the following:

1. Attempt to contact a parent or legal guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact a parent or legal guardian through any of the persons listed on the emergency information form or card.
4. If we cannot contact a parent, legal guardian, or your child's physician, we will do any or all of the following:
 - a. Call another physician
 - b. Call 911
 - c. Have the child taken to the hospital or doctor's office in the company of a staff member

The child's family will pay any expense incurred under #4 above.

The school will not be responsible for anything that may happen as a result of false information given to the school.

This form will be valid until your child withdraws from Creative Beginnings Preschool.

Signature of parent or legal guardian

Printed name of parent or legal guardian