



## Permission Slip

I hereby grant permission for my child to use all of the playground equipment and participate in all of the activities of the Center. I understand that Lighthouse Center for Infants is not responsible for children's personal items such as clothing, toys, bedding, glasses or other personal items that come to the center. *Please Label everything with Child's Name*

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks.

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. Attempt to contact parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact Parent/Guardian through any persons listed on emergency information form you completed for us.
4. If we cannot contact you or your child's physician we will do any or all of the following:
  - i. Call another physician.
  - ii. Call an ambulance.
  - iii. Have the child taken to an emergency hospital in the company of a staff member. *Any expenses incurred under #4 above will be borne by the child's family except items covered by student accident insurance.*
5. The center will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
6. The center will not assume responsibility for a child who has not been signed in when he/she arrives for the day.

Father's signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's signature \_\_\_\_\_ Date \_\_\_\_\_