

# ZOAR LUTHERAN PRESCHOOL

190 S.W. 3<sup>rd</sup> Ave.

Canby, OR 97013

503-266-4061

## School Permission Form

I hereby give my permission for my child, \_\_\_\_\_, age \_\_\_\_\_, to use all of the play equipment and participate in all of the activities of the school unless otherwise noted below.

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

I give permission for my child to be included in evaluations and pictures (still and video) connected with school programs.

I give permission for the teacher or other staff member to take whatever steps necessary to obtain emergency medical care if warranted in the opinion of the teacher. These steps may include, but are not limited to:

1. Attempt to contact parent/guardian.
2. Attempt to contact child's physician, as designated on "Consent for Medical Treatment" form.
3. In the event a parent or guardian or child's physician cannot be contacted, we will do any of the following:
  - A. Call another physician.
  - B. Call an ambulance.
  - C. Have the child taken to a hospital emergency room in the company of a staff member.
4. Any expenses incurred by the above action will be the responsibility of the child's family.
5. The school cannot be responsible for anything that may happen as a result of false information, or lack of information given at the time of enrollment.

Signed: \_\_\_\_\_  
Parent/Legal Guardian

Date: \_\_\_\_\_

Zoar Lutheran Preschool does not discriminate on the basis of race, color, national origin, or ethnic origin.