

**THE FIRST CONGREGATIONAL CHURCH NURSERY SCHOOL**

14 Brookside Road, Darien, CT 06820

(203) 655-3150 fccns@fccnurseryschool.org



**PERMISSION SHEET**

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

I hereby grant permission for the Director or Classroom Teacher 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. Administer First Aid & CPR
2. Attempt to contact a parent or guardian
3. Attempt to contact the child's physician
4. Attempt to contact you through any of the persons listed on the emergency form you completed for us
5. If we cannot contact you or your child's physician, we will do any or all of the following:
  - a. Call another physician
  - b. Call an ambulance
  - c. Have the child taken to an emergency hospital in the company of a staff member
6. Any expense incurred under No. 5 (above) will be paid by the child's family.
7. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
8. The school will not assume responsibility for a child who has not been delivered to his or her teacher when he or she arrives for the day or for a child who has not been signed in or out by a parent or representative custodian.

Child's Name: \_\_\_\_\_ Age group: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Print name: \_\_\_\_\_

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