

**Christ Lutheran Preschool**  
28850 S. Western Avenue  
Rancho Palos Verdes, California

**Permission to Participate in School Activities  
and to Receive Emergency Medical Care**

I hereby grant permission for my child, \_\_\_\_\_, to use all of the playground equipment and participate in all of the activities of the school, and to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

I hereby grant permission for my child to be included in evaluations and pictures connected with the school program.

I hereby grant permission for the Director or acting Director to take whatever steps may be necessary to obtain emergency medical care. These steps may include, but not be limited to the following:

1. Attempt to contact a parent or guardian, the child's physician or a person listed on the emergency information form.
2. If we cannot contact you or your child's physician, we will do one or both of the following:
  - a) call **911**
  - b) Have the child taken to an emergency hospital in the company of a staff member.
3. Any expenses incurred under #2, above, will be borne by the child's family.
4. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
5. The school **WILL NOT** assume responsibility for a child who has not been signed in upon arrival for the day.

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

\_\_\_\_\_  
date

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

\_\_\_\_\_  
date