

Peter Pan Early Learning Centers
Little Shepherd Day School
Consent Form

I understand the tuition policies of the school. I have read the Parent Handbook. I assume responsibility for both.

Signature of Parent/Guardian_____ Date_____

I understand that the center is not responsible for my child until he/she has been placed in the personal care of a teacher or after the child has been placed in the hands of the person picking up the child(ren) from the school. At those times, responsibility is that of the parent.

Signature of Parent/Guardian_____ Date_____

Permission is given for photographs to be used within the school or for publicity purposes.

Signature of Parent/Guardian_____ Date_____

My child _____, has my permission to participate in water play and other school related activities planned by Peter Pan. I understand that she/he will be supervised by adults and safety rules will be enforced. This is not intended as a waiver or release of any legal responsibility.

Signature of Parent/Guardian_____ Date_____

Permission is given to release my telephone number to other parents throughout the school year.

Signature of Parent/Guardian_____ Date_____

Contact Information

Home Phone _____ 2nd Home Number _____
Father's Work Phone _____ Pager _____ Cell Phone _____
Mother's Work Phone _____ Pager _____ Cell Phone _____

Two other emergency contacts:

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

Authorization for Emergency Medical Care

I hereby authorize the staff and the director of the school to administer first aid to my child. I give consent for any necessary medical care for my child, _____ while said child is in said individual's custody and the parent cannot be reached.

Permission is given for the school staff to proceed as follows:

If my child becomes seriously ill or injured, the emergency ambulance service (911) will be called to the center and their medical staff will make the decision as to whether or not the child will be transported to the closest hospital. A member of the staff will accompany the child if the decision is made to transport the child to the hospital. A member of the staff will stay with the child until a parent or emergency contact arrives. Parents will be notified immediately.

Signature of Parent/Guardian _____ Date _____

Child's doctor _____ Phone _____

Please list any allergies: _____

Other comments: _____