



PERMISSION TO PARTICIPATE AND RECEIVE EMERGENCY MEDICAL CARE FORM

**Please Print All 5 Forms in the Student Information Packet and Mail to:
160 Avenue of the Commons, Shrewsbury, NJ 07702**

I hereby grant permission for my child,

to use all of the play equipment at Creative Learning Center and to participate in all of the activities of the school.

I hereby grant permission for my child to leave the school premises under the supervision of the teachers for neighborhood walks. Permission for field trips in authorized vehicles will be requested for each school trip

I hereby grant permission for the teachers to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include:

- **Attempt to contact a parent or guardian.**
- **Attempt to contact the child's physician.**
- **Attempt to contact persons listed on the child's student information form.**

If above cannot be reached, another physician may be called, or an ambulance, or your child may be taken to an emergency room at a nearby hospital. Any expenses incurred will be borne by the child's family.

I agree to fully read the parents' handbook and abide by the regulations stated within the handbook.

By signing below, I accept the conditions of this agreement.

Mother or Legal Guardian Signature

Date

Father or Legal Guardian Signature

Date