



The Village Nursery School

67 Main Street
Farmington, CT 06032
(860) 674-9790

PERMISSION AGREEMENT

Child's Name _____ Class _____

A. I grant permission for my child to use all of the play equipment and participate in all of the activities of the school, unless exceptions are noted here. _____

B. I grant permission for the staff 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. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact the parent through any of the persons listed on the **EMERGENCY INFORMATION SHEET** completed for the school. *It is the responsibility of the parent/guardian to keep this form up to date.*
4. If we cannot contact the parent/guardian or the 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.
5. Any expenses incurred under #4 above will be borne solely by the child's family.

C. This school is not responsible for anything that may occur as a result of false or incorrect information given at the time of enrollment.

D. I grant permission for the following persons only to remove my child from the school. If not indicated here, no one may take a child without permission from the parent/guardian, dated and signed in written form.

The State of Connecticut requires that you indicate at least one person who may pick up your child.

1. _____ Telephone Number _____

2. _____ Telephone Number _____

3. _____ Telephone Number _____

4. _____ Telephone Number _____

Signature of Parent/Guardian

Date