

# *Villa Divino Amore Preschool*

117 Hope Street · Stamford, CT 06906 · Phone:(203) 324.2449 · Fax:(203) 504.8670

## **PERMISSION AGREEMENT**

A. I/we 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:

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B. I/we grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

C. I/we grant permission for my child to be included in evaluations and pictures connected with the Day Care Program at the school.

D. I hereby grant permission for the staff to take whatever steps may be necessary to obtain emergency medical care if warranted. The steps may include, but are not limited to the following:

1. Administer First Aid
2. Attempt to contact a parent or guardian
3. Attempt to contact the child's physician
4. Attempt to contact the parent through any of the persons listed on the emergency information card completed for the school. (NOTE: It is the parent's responsibility to keep this card up to date.)
5. If we cannot contact the parent of the child's physician, we will do any of all of the following:
  - a. Call another physician
  - b. Call an ambulance
  - c. Have the child taken to nearest hospital emergency room in the company of a staff member, staff vehicle and/or program vehicle.
6. Any expenses incurred under #5 and above will be the responsibility of the child's family.

E. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

F. The school will not assume responsibility for a child who has not been signed in when he/she arrives for the day.

Signed: \_\_\_\_\_  
(Parent/Legal Guardian Signature)

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