

# *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: \_\_\_\_\_

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## EMERGENCY MEDICAL PERMISSION

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (State) (Zip)

### Parent(s)/Legal Guardian Contact Information

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Other: \_\_\_\_\_

### Emergency Contacts Telephone Number

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Telephone: \_\_\_\_\_

Last Dpt: \_\_\_\_\_

Medications: \_\_\_\_\_

Other Significant Medical Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I give permission to *Villa Divino Amore Nursery School* to make whatever emergency, (e.g. first aid, disaster evacuation) measures as judged necessary for the care and protection of my child while under the supervision of the School.

In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (Police, Rescue Squad) deems it necessary. The child will be transported at the expense of parent/guardian. \_\_\_\_\_ (*Please initial*)

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

If there are any changes in the above mentioned, you are to notify us immediately.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **GENERAL FIELD TRIP PERMISSION**

Dear Parents:

During the school year the children will be going on a few field trips. These trips will be in the neighborhood within walking distance.

As the year progresses, you will be notified of the other trips we will be taking. Please sign this permission slip so that your child may participate in these trips and return to the School Office.

I/we \_\_\_\_\_, hereby grant permission for my child,  
*(Parent(s)/Guardian Signature)*

\_\_\_\_\_ to participate in all field trips and activities within  
*(Child's Name)*

walking distance from the school grounds.

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

Phone: \_\_\_\_\_

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## FIELD TRIP PERMISSION

Dear Parents:

**Villa Divino Amore Nursery School** is planning a field trip to \_\_\_\_\_.

We are planning the trip for \_\_\_\_\_.

We will leave the school promptly at \_\_\_\_\_ and will return at \_\_\_\_\_.

Please have your child dressed according to the weather conditions and please make sure that they have a boxed lunch packed, unless otherwise noted.

In the event of inclement weather, we shall re-schedule the trip for another date.

Please sign the permission slip below and return it to the School Office.

.....  
(Detach and return this slip to the School Office)

**Trip to** \_\_\_\_\_

I hereby **give / don't give** permission for my child \_\_\_\_\_ to go on a field trip to \_\_\_\_\_ on \_\_\_\_\_.

\_\_\_\_\_  
(Parent/Legal Guardian) Print Name

Date \_\_\_\_\_

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

Phone \_\_\_\_\_

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## **PHOTOGRAPH RELEASE**

Dear Parents:

We would like to ask your permission to have your child's photo on our website. If you do not want your child's photo included in our website, please let us know.

I/we \_\_\_\_\_, hereby grant permission for  
*(Parent(s) / Guardian(s) Signature)*

my child, \_\_\_\_\_, to have their photo included  
*(Child's Name)*

on the Villa Divino Amore School's website.

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

Phone: \_\_\_\_\_

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## **Emergency Authorization**

I give my consent for the First Aid and CPR certified staff of Villa Divino Amore Preschool to administer first aid and CPR to my child and to contact the named physician or dentist if my child has a medical emergency. I also give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees.

We understand that in some medical situations and for the care and protection of my child while under the supervision of the school, the staff may need to contact the local emergency resources (police, fire, & rescue) before the parent(s), child's physician and any other adults acting on the child's behalf.

Preferred Medical Facility: \_\_\_\_\_

## **Behavior Management and Parent Handbook**

I acknowledge that I have RECEIVED AND READ the Parent Handbook and agree to abide by the policies contained in it and that the techniques used to manage child behaviors in the facility have been discussed with me prior to enrollment.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

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## **PERMISSION FOR ANOTHER ADULT TO REMOVE CHILD FROM SCHOOL**

The following people are the ***only*** people authorized to pick my child/children up from Villa Divino Amore Nursery School in an emergency. As the parent, you must notify the school that there is someone other than yourself picking up your child/children and the person doing so must be one of the below mentioned. The individual must have proper identification, as in the form of a valid driver's license or state issued identification

<u>Name</u>	<u>Phone Number</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

If there are any changes in the above mentioned, you are to notify the school immediately.

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_