**Three Hills Playschool Association Permission Form**

Please check all areas that permission is being granted for:

**Use of equipment:**

I hereby grant permission for my child to use all of the play equipment (classroom and playground) and participate in all of the activities of the Three Hills Playschool Association.

**Field trips:**

I hereby grant permission for my child to leave the school premises under the supervision of a teacher for neighbourhood walks or field trips in a previously authorized vehicle as reported to and agreed upon by the parent/guardian.

**Photos:**

I hereby grant permission for my child to be photographed during activities with other children, in the classroom and during fieldtrips. These photographs will be shared within the private “Facebook” page and within classroom activities. Special permission will be sought prior to utilizing for publicity or awareness purposes.

**In Case of Emergency or Serious Illness:**

I hereby grant permission for staff members to administer emergency first-aid and/or take whatever steps may be necessary to obtain emergency medical care if warranted. *All staff members are required to maintain a current Standard First Aid Certificate.* These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian
2. Attempt to contact a parent through persons listed as emergency contacts
3. If we are unable to contact you, we will do any or all of the following:
4. Attempt to contact a parent or guardian
5. Attempt to contact a parent through persons listed as emergency contacts
6. If we are unable to contact you, we will do any or all of the following:
7. Call a physician/emergency room
8. Call an ambulance
9. Have the child taken to the emergency room/hospital by a staff member
10. I am aware that any expenses incurred in obtaining emergency medical care for a child are the responsibility of the parent/guardian.

Name of the Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of Parent/Guardian