

MEDICAL TREATMENT AUTHORIZATION ACTIVITY PERMISSION FORM



ENROLLMENT

I am enrolling my child _____ age _____, Social Security Number _____, in The Preschool at Seven Hills. I hereby represent to the Preschool, under penalty of perjury, that I am the legal custodial parent or court-appointed guardian of this child. I agree to the following conditions during the term of my child's enrollment at The Preschool at Seven Hills.

FIELD TRIPS

I understand and agree that my child may participate in various walking field trips away from the school property. I give permission for my child to participate fully in such activities. I may withdraw my permission at any time by giving prior written notice to the Director of The Preschool.

RELEASE AND INDEMNITY

I release from liability and agree to indemnify The Preschool, its employees, members, agents, and representatives from and against all claims, actions, costs, attorneys fees, and judgments arising out of or in any way connected to 1) the care provided to my child by The Preschool, or 2) any act or omission of my child that causes damage or injury to any person or property.

MEDICAL EMERGENCY

I authorize The Preschool at Seven Hills, its employees, members, agents, and representatives to engage the services of any licensed physician, hospital, emergency medical, or paramedic personnel to render emergency medical treatment to my child if deemed necessary, at the sole discretion of The Preschool. I agree to be responsible for all costs incurred in the rendering of such medical treatment of my child.

Signature of Custodial Parent or Legal Guardian

Date

Parent or Guardian SSN: _____

Address _____

City/State/Zip _____

Phone: _____

702.836.0923
www.preschool7hills.com