

Please read each segment carefully so that you fully understand each action for which you are granting permission.

Child's Full Name:

To Remain in Child's Record

1. EMERGENCY ACTION: I give my permission to Journey Preschool to take whatever emergency measures (e.g., first aid, disaster evacuation) are judged necessary for the care and protection of my child while under the supervision of the childcare provider.
2. EMERGENCY TRANSPORT: In case of a medical emergency, I understand that my child will be transported to appropriate medical facility by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deems it necessary.
3. ACT ON PARENTS BEHALF: It is understood that, in some medical situations, I will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.
4. POISON: Journey Preschool has taken every precaution to ensure that potential poisons are out of the reach of the children. In the event that an accidental ingestion should occur, however, we will consult the Poison Control Center.
5. NEIGHBORHOOD WALK: I give Journey Preschool permission to take my child on supervised neighborhood walking trips. This may include a visit to the playground.
6. COVID19: I understand that there is risk involved in sending my child to a preschool setting. Journey Preschool will do everything possible to reduce risk by increased cleaning protocols, outside time, and strict sick policies.

In the act of signing this document, I acknowledge that I have carefully read each and every item and do understand that I am giving permission for any of the above actions that may/may not be taken

Parent/Legal Guardian Signature:      Date: