

PERMISSION TO PARTICIPATE IN JUPITERFIRST CHURCH PRESCHOOL ACTIVITIES AND TO RECEIVE
EMERGENCY CARE

I hereby grant permission for my child, _____, to use all the play equipment and to participate in all school activities. If my child cannot participate in specific activities, I agree to notify JupiterFIRST Church Preschool with specific details in writing.

I understand that I will be informed in advance and must give written permission if children are removed from the campus of JupiterFIRST Church Preschool for field trips.

I understand that I am required to participate in field trips off campus or provide a chaperone of my choosing to accompany my child during the field trip.

I will provide a copy of my license and proof of current automobile insurance prior to accompanying my child for a field trip. If I am not personally accompanying my child, I will inform my designated person of choice to provide the information prior to the field trip.

I agree to provide safe means of transport and a safe child restraint seat for purposes of a field trip.

I hereby grant permission for the Co-Directors of JupiterFIRST Church Preschool to take whatever steps are necessary to obtain emergency care, if warranted. These steps will include the following:

1. Attempts to contact parent or legal guardian.
2. Attempts to contact child's primary physician.
3. Attempts to contact the persons listed on Child Care Application for Enrollment (provided by the Department of Children and Families).

In the event none of the above persons can be reached, we will (depending on the circumstance):

- a. Call 911 Emergency and wait for an ambulance.
- b. A CPR/First Aid licensed staff member will assess your child and apply CPR if necessary.

I agree to provide health insurance information in advance. JupiterFIRST Church Preschool will not be responsible for anything that may happen as a result of false information given at the time of enrollment or for a child who has not been signed in when they arrive for the day.

Mother or Legal Guardian

Father or Legal Guardian

Susan R. Fiebiger
Co-Director, JupiterFIRST Church Preschool

Judy L. Harris
Co-Director, JupiterFIRST Church Preschool

Health Insurance Name: _____ Policy #: _____

Health Insurance Company Phone #: _____