

Permission to Participate in Center Activities, Receive Emergency Medical Care and Receipt of Behavior Modification Policy

I hereby grant permission for my chil		to use all of the play
equipment and participate in all of	the activities of the Center.	initial
	d when three years of age and older to lead walks or field trips in an authorized vehicle	
I hereby grant permission for Center	staff to apply sunscreen on my child (over	6 months) as needed.
		initial
I hereby grant permission for my chil	d to be evaluated in connection with Cent	er Programs.
		initial
I hereby grant permission for my chil	d to be photographed in connection with (Center Programs.
		initial
I hereby grant permission for my chil	d's photograph to be displayed on the Cer	nter's website.
		initial
to administer first aid and/or obtain be handled by trained staff. Steps to 1. Assess injury or condition 2. Call 911 to summon the E relieved by EMT	ector or Acting Director to take whatever st emergency medical care if warranted. Me- aken may include, but are not limited to: Emergency Medical Team; follow orders by arent or guardian and any person listed on t	dical emergencies will dispatcher until
information form 4. Accompany child to the	hospital with child's emergency informatio	n
I understand any medical expenses	incurred will be my responsibility.	initial
Cornerstone's behavior modification discussed with me by center staff pr	n policy and state-mandated child abuse coior to enrollment.	and neglect policies have beer initial
	of the Center to consult with my child's tead rces and pediatricians. I understand that a	
Parent/Guardian Signature	Date	7/23