MNS PERMISSION AGREEMENT

A. I/We grant permission for my child to use the play equipment and participate in the activities of the school.

B. I/We grant permission for my child to visit the Fairfield Branch Library as a walking fieldtrip with the teachers and parent chaperones.

C. I/We grant permission for my child to participate in class activities such as in-house field trips, science class, story time, robot-making, etc. in the church Youth Room, under the supervision of our teachers and staff.

D. I/We grant permission for my child to be included in evaluations connected with Methodist Nursery School's programs.

E. I/We grant permission for my child to be included in pictures that will appear on our school website (methodist-ns.com). This is optional. Yes_____   No_____

F. I/We grant permission for my child to be included in pictures on the MNS Facebook and MNS Instagram pages. This is optional. Yes_____   No_____

G. I/We grant permission for my child to be photographed and videotaped by MNS staff for slideshows and/or conference preparation. This is optional. Yes_____   No_____

H. I/We hereby grant permission for the staff to take whatever steps may be necessary to obtain emergency medical care, including calling 9-1-1, if warranted. These steps may include, but are not limited to, the following:

   1. Administer first aid.
   2. Attempt to contact a parent or guardian.
   3. Attempt to contact the child's physician.
   4. Attempt to contact the parent through any of the persons listed on the emergency information form. (Note: it is the parent's responsibility to keep this form up to date).
   5. If we cannot contact the parent or the child's physician, we will do any or all of the following:
      a. Call another physician.
      b. Call an ambulance.
   6. Any expenses incurred under #5 above will be borne by the child's family.

I. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Child's Name: _____   Class: _____

Signed: _____   Date: _____
              (parent or legal guardian)