



## 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 teachers/parent chaperones and as an evacuation facility in case of a building emergency.
- 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. I understand that MNS is working toward licensing the room with the Office of Early Childhood, but as of yet, the space is uninspected and unlicensed. As a parent/guardian, I am welcome to tour this room at any time.
- 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: \_\_\_\_\_  
(parent or legal guardian)

Date: \_\_\_\_\_