

Child's name: _____

Permission form
Knight Hall School and Child Care Center, Inc.

Permission is granted for my child to use the play equipment and participate in all supervised activities of the school.

Parent/Guardian signature

date

Permission is granted for my child to participate in the activities of the school which may take him/her off school grounds.

Parent/Guardian signature

date

In case of emergency every effort will be made to contact parents and family doctor, but sometimes this is not possible and immediate treatment is necessary. In case my child is hurt or becomes seriously ill at school, and it is not possible to reach me or our family doctor, he/she may be treated by another doctor or at the emergency room of a local hospital.

Parent/Guardian signature

date

Permission is granted to the school nurse to contact your child's health care provider as appropriate.

Your child's health care provider's name: _____ phone# _____