

Calvary Chapel Lake Arrowhead Preschool
Permission to Participate in Program Activities and to Receive
Emergency Medical Care

I hereby grant permission for my child to use all the play equipment and participate in all of the activities of the program. _____Initial

I hereby grant permission for my child to be included in evaluations, photographs, videotapes, and tape recordings for non-profit educational purposes and promotional publications. _____Initial

I hereby grant permission for Calvary Chapel Lake Arrowhead Preschool to take whatever steps may be necessary to obtain emergency medical care if warranted. I authorize CCLAP to arrange transportation in case of accident or acute illness and to arrange for possible emergency medical and/or surgical care at (1) Mountains Community hospital or (2) the closest hospital available if so advised by paramedics or physician (3) the hospital of the parent's choice. It is understood that a conscious effort will be made in order to contact parents or people listed on the emergency form. _____Initial

In the event I cannot be contacted, I further consent to the medical, surgical and hospital care, treatment and procedures to be performed on my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. _____Initial

Child's Name

Parent/Guardian Name - Please Print Date

Parent/Guardian Signature Date