

	Medical Emergenc		
	CHILD'S NAME		DATE OF BIRTH
PARENT/GUARDIAN II	NFORMATION		
	Name:	Home Phone:	
Parent/Guardian Name:City/State:		Home Phone:	
EMERGENCY CONTAC			
Contact Name: Doctor Name: Dentist Name: Last DPT:	Weight:	Phone:Phone:Phone: As of Date:	

## INFANT THROUGH PRESCHOOL

I give permission to Playworks to make whatever emergency (e.g. first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of Playworks.

Playworks may apply sunscreen on my child.

In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (police, rescue squad, etc.), deems it necessary. The child will be transported at the expense of the parent/guardian.

In the event of accidental ingestion, I understand that Playworks will contact the poison control center. I hereby authorize Playworks to act on my behalf in case of emergency. It is understood that in some medical situations, the teachers will need to contact the local emergency resource before the parent/guardian, child's physician, and/or adult acting on the parent/guardian's behalf.

My child has permission to participate in the field trips and activities that involve walking or being transported by the Playworks bus on SMSC properties. In the event the Playworks children are included in any newspaper, radio, television, films, internet, or video publicity, I give permission for my child to be included in the pictures, etc.

Diapers and wipes are provided by Playworks.

Playworks shows movies rated G or less that are previewed by teachers ahead of time.

Playworks shall make every effort to safeguard personal belongings brought by the child, but will not be responsible for lost or broken items.

PARENT/GUARDIAN SIGNATURE	DATE: