

# Coppell Child Development Center Permission to Participate

Child's Full Name \_\_\_\_\_ Parents / Guardians Name: \_\_\_\_\_

1. I hereby grant permission for my child to use all CCDC approved play equipment and to participate in all of the activities and programs of the school.
2. I hereby grant permission for my child to leave the school premises under the supervision of a staff member for field trips.
3. I hereby grant permission for my child to be included in evaluations and pictures connected with the school program.
4. I hereby consent and grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:
  - a. Attempt to contact parent or guardian at the emergency numbers given us.
  - b. Attempt to contact the child's physician.
  - c. If we are unable to contact you or your child's physician, we will do any or all of the following:
    1. Call another physician.
    2. Call an ambulance or paramedics.
    3. Have the child transported to an emergency hospital in the company of a staff member.
5. Any expenses incurred as a result of actions taken to receive medical care will be the responsibility of the parents or guardian.
6. CCDC will not be responsible for any injury or damage that may happen as a result of false information given at the time of enrollment.
7. CCDC assumes no responsibility for a child who has not been taken by the parent or guardian to his / her classroom upon arrival at school.
8. Knowing that CCDC has general liability insurance coverage, but that no accident policy is being carried for the school programs, I assume all the risks and hazards incidental to the conduct of its activities; and do further indemnify and hold harmless the Coppell Child Development Center. Everlee Child Centers, Inc., the organizers, owners, and employees of the School, and / or all of them from and against any and all claims, losses, damages, causes of action, suits and liability of every kind, including all expenses of litigation, court costs and attorney's fees, for injury or death or for damage to any property, regardless of whether such injury, death or damages are caused in whole or in part by the negligence of Coppell Child Development Center, Everlee Child Centers, Inc., or its agents and employees. In case of injury to my child, I hereby waive all claims against Coppell Child Development Center, Everlee Child Centers, Inc., the organizers, owners and employees of Coppell Child Development Center or any supervisors appointed by them.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME BY \_\_\_\_\_ ON THIS DAY, TO CERTIFY

WHICH WITNESS MY HAND AND SEAL OF OFFICE ON (DATE): \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

SEAL: