

**Great Beginnings Early Childhood Center  
795 1600 Rd. Delta, CO 81416**

**PARENT PERMISSION STATEMENT**

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school, and to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

I hereby grant permission for the Director or acting Director to take whatever steps may be necessary to obtain emergency medical care. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian, the child's physician, or the persons listed on the child's admission record.
2. If the center cannot contact me or my child's physician the center will do one or both of the following: (a) call another physician or paramedics (b) have the child taken to the Delta County Hospital in the company of a staff member.
3. Any expenses incurred under 2, above, will be borne by the child's family.
4. The center will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

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