

ST. ANDREWS REMOTE LEARNING PROGRAM

2020-2021 School Year

PARENTAL PERMISSIONS: FORM 1

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities while at school.

Parental signature: _____ Date _____

I hereby 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:

- attempt to contact parent or guardian
- attempt to contact parent through any of the persons listed on emergency information form
- attempt to contact child's physician

Parental signature: _____ Date _____

If we cannot contact you or your child's physician we will do any of the following:

- call 911
- call an ambulance
- have child taken to an emergency hospital in the company of a staff member

In this event, we will need your permission as follows:

Being the parent or legal guardian of _____, I hereby consent to an to any x-ray, anesthetic, medical, surgical or dental diagnosis or treatment that may be deemed necessary for my minor child. *I understand that all efforts will be made to contact me prior to treatment.* I give permission to an attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian, I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan for the dental, medical, hospital care or treatment that is given to my child. Any policy of the school will be used as secondary coverage.

Minor's date of birth _____

Parental Signature: _____ Date: _____