

# PROGRAM PERMISSION FORM

- 1) I give permission for my child \_\_\_\_\_ to receive appropriate medical attention from Little Ones staff, such as first aid, CPR, Heimlich maneuver, etc. In the event of a serious medical emergency, I authorize public safety officers to transport my child to the nearest available hospital for emergency treatment. I understand that Little Ones staff will attempt to contact me immediately and will contact the other emergency contacts listed on my Emergency Card if the staff cannot reach me. I agree to be responsible for all medical costs and to hold Little Ones Nursery School, Inc. harmless.
- 2) I hereby give permission for Little Ones staff to contact my pediatrician for any information needed about my child, and I authorize my pediatrician to release such information to Little Ones.
- 3) I understand that Little Ones allows students of schools of education, nursing and other allied professions to observe Little Ones programs as part of their course of education.
- 4) I understand that in order to provide support to families and staff, consultants are engaged by Little Ones who may observe and make recommendations about children in the classroom. When necessary, these consultants provide staff training on classroom management, materials and resources, observations and family support.
- 5) I hereby give little Ones permission to place my family information, e.g. family name, address, phone number, and child's birthdate, on the class roster to be distributed to the families at Little Ones.
- 6) I authorize Little Ones to take photos and videos of my child that my be used for art projects, in the library, during preschool open houses, on the Little Ones video montage, on the Little Ones website and/or for other publicity purposes.
- 7) My child may participate in the non-denominational verse before snacks at Little Ones: "Now is the time we're all together. Now is the time to have a treat. Let's all remember table manners. Let's hear you say, Bon Appetit."
- 8) I give permission to Little Ones staff to share events of my child's day, on an informal basis, to those caring for and/or picking up my child. I will be notified in writing or by phone if serious events occur during the program.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



**Little Ones Nursery School, Inc.**

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