

ABC Preschool Personal Safety Form

I hereby give my child _____ to use all play equipment and participate in all play activities.

I understand that ABC Preschool will not assume responsibility for incidents incurred as a result of false or incomplete information given the time of enrollment.

If any injury and/or life-threatening emergency should occur, I authorize the staff of ABC Preschool who are certified in First Aid and CPR to take the necessary steps as trained prior to the arrival of emergency personnel.

In the event that I am unable to be reached in a medical emergency, I authorize the Director or Head Teacher of ABC Preschool to sign for medical treatment of my child _____ at the nearest hospital. I will pay for any medical expense incurred.

Parent Signature _____

Sworn to before me on the ____ day of _____, 20_____

Notary Public

(Affix Notary Stamp or Seal)

This form must be NOTARIZED