

# Winters Parent Nursery School – A Non-Profit Cooperative Preschool

## WAIVER OF RESPONSIBILITY

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

I hereby grant permission for my child to eat any food provided by either WPNS staff or parent aides prepared either at the school or for other special occasions such as birthdays, holidays, etc.

### **ALL FOOD ALLERGIES HAVE BEEN DISCLOSED TO THE DIRECTOR AND ARE NOTED ON REGISTRATION FORMS**

I hereby grant permission for the Director to take whatever steps may be necessary to obtain emergency medical care for my child if needed. These steps may include but are not limited to the following:

- Attempt to contact parent, guardian or designated representative, the child's physician, or the persons listed on the emergency form.
- If we cannot contact you or your child's physician or emergency contact person we will do one or both of the following.
  - \*Call 911 or another physician
  - \*Have the child taken to an emergency hospital in the company of a staff member.

### **ANY EXPENSE INCURRED FROM THE ABOVE ACTION WILL BE THE RESPONSIBILITY OF THE CHILD'S FAMILY.**

The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment or on any school enrollment forms.

The school will not assume responsibility for a child who has not been signed in by a parent, legal guardian or designated representative upon arrival for the day.

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Parent or Guardian Signature

Date