



WHITE OAK SCHOOL

And Day Care Center, Inc.
2112 W. White Oak Street
Arlington Heights, Illinois 60005
Phone: 847-439-0202
www.whiteoakschool.biz

WHITE OAK SCHOOL AND DAY CARE CENTER

Permission to Participate in School Activities and to Receive Emergency Medical Care

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

I hereby grant permission for any member of the White Oak Staff who is certified in CPR/First Aid to administer emergency first aid when necessary.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks, or to a neighborhood parks, or for field trips in an authorized vehicle.

I hereby grant permission for my child to be included in evaluations and pictures connected with the school program.

I am aware that my child recites the Pledge of Allegiance daily.

In the event of an emergency I grant permission for White Oak staff to obtain emergency care. These steps include but are not limited to:

1. Call 911.
2. Attempt to contact a parent or guardian.
3. Any expenses incurred, not covered by school accident insurance, will be the responsibility of the child's family.
4. The school will not be responsible for anything that may occur as a result of false information or withholding of information concerning the child's medical history.

Signed _____ (Mother or Guardian) Date _____

Signed _____ (Father or Guardian) Date _____