South Park High School
Family and Consumer Sciences Department
Eagle Ridge Child Development Center
Consent Form

I give my consent for my child _____to participate in the Family and Consumer Sciences Department child development center operating at South Park High School.

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 understand that a snack will be sent in each day as part of program's scheduled time for snack.

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

I hereby understand that in case of illness, I will be called upon and required to pick up my child as soon as possible.

I hereby grant permission for staff members 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:

1. Attempt to contact a parent or guardian.

2. Take the child to our school nurse at the high school for consultation.

3. Attempt to contact you through any of the persons listed on the application form you have completed for us.

4. Attempt to contact the child's physician.

5. If we cannot contact you or your child's physician, we will contact the paramedics.

6. Any expenses incurred under number 5 above will be the responsibility of the child's family.

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

_____ _____

(Signature of Parent) **(Date)**