

Please check all that apply:

1. Transportation:

Permission is granted for my child to be transported/leave campus for: ___emergency care, ___field trips, ___ neighborhood walks

2. Water Activities

Permission is granted for my child to participate in: ___sprinkler play, ___splashing and wading pools, ___swimming pools, ___water table play

3. Outdoor Play

___Permission is granted for my child to use play equipment and participate in outdoor activities.

4. Media Release

___ Permission is given for my child's photos to be included in school pictures/photos for the newspaper/website.

Emergency Care and Release Authorization

Contact persons (other than parent/guardian):

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____
Physician: _____	Phone: _____

If the above physician cannot be reached, permission is granted for another licensed physician to be called. In the event that your child is taken to the hospital, is there any information the attending physician needs to know? (allergies, medical conditions, etc.)

Insurance Company: _____ Phone: _____

Authorization for Emergency Medical Care

In the event that a parent/guardian or authorized contact cannot be reached, we the parent/guardians of _____, hereby authorize a representative of St. Paul's Episcopal School to give consent for any/all necessary emergency care for our child, while said child is in their care. Authorization is given for Presbyterian Hospital of Greenville to administer any/all emergency treatment as necessary and to use a physician on hand if our physician cannot be reached.

I have read and agree with to all of the above authorizations.

Parent/Guardian Signature: _____ **Date:** _____