



Rye Council For Childcare, Inc.

Rye Presbyterian Church • Rye, New York 10580 • 967-6334

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

Child's Full Name _____

Child's Date of Birth _____

Parent's Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

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 the RPS staff 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. RPS staff will try to contact you directly. If you cannot be reached, the staff will try and contact the persons listed on your application form.
2. In the event neither you nor the persons listed are available, we will call your pediatrician. 911 will be called immediately, in the case of a life-threatening emergency. They will initiate emergency contact with the police, who will in turn call for an ambulance to respond and transport the child to either Greenwich Hospital, White Plains Hospital, Westchester County Medical Center, or the Sound Shore Hospital in New Rochelle. A staff member will accompany your child.
3. If you or your emergency person cannot be reached, decisions regarding proper medical treatment will be left solely to the professional staff at the hospital and your pediatrician.
4. RPS will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

I understand the above procedures. I grant permission to the staff of RPS to follow these guidelines in the event of illness or accidental injury to my child.

Signature of Parent: _____ Date: _____

Pediatrician: _____

Phone Number: _____

Emergency Name/Phone Number: _____

Emergency Name/Phone Number: _____