



# Calvary Chapel

## West Oahu Preschool

### **Permission to Participate in Program Activities and to Receive Emergency Medical Care**

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

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

I hereby grant permission for my child to be included in evaluations, photographs, videotapes, and tape recordings for non-profit educational purposes and promotional publications.

I hereby grant permission for Calvary Chapel West Oahu Preschool to place photographs and /or videos of my child for public viewing from the following website:  
<http://preschool.calvarychapelwestoahu.org>

I hereby grant permission for Calvary Chapel West Oahu Preschool to take whatever steps may be necessary to obtain emergency medical care if warranted. I authorize CCWOP to arrange transportation in case of accident or acute illness and to arrange for possible emergency medical and/or surgical care at (1) Hawaii Medical Center West hospital or (2) the closest hospital available if so advised by paramedics or physician (3) the hospital of the parent's choice. It is understood that conscientious effort will be made to contact parents or people listed on the emergency form.

In the event I cannot be contacted, I further consent to the medical, surgical and hospital care, treatment and procedures to be performed on my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Child's Name: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_