



VALLEY VIEW Learning Center

MEDICAL / ACCIDENT EMERGENCY

I hereby grant permission to Valley View Learning Center and their staff to take whatever steps is necessary to gain emergency medical care for my child, if and when it is necessary. These steps may contain, but are not restricted to:

1. Activation of 911 for all medical emergencies.
2. Administration of first aid.
3. Transporting the child to the nearest hospital.
4. Contacting the parent/guardian or emergency contact.

In all situations, every effort will be made to contact the parent. However, the well-being and comfort of the child will be the first priority. I hereby agree that if I cannot be contacted at the time of illness of accident, or that the emergency is such that time does not permit such contact, Valley View Learning Center, the Executive Director, Supervisor, or Staff is hereby authorized to take my child, _____ for immediate medical treatment. Transportation may include use of an ambulance or private vehicle. I _____, on behalf of my child and myself, do release and discharge Valley View Learning Center, its owners and staff from any and all claims, actions, causes of action arising from any accident or loss caused by the above mentioned treatment or transportation. Valley View Learning Center will not be responsible for any incident that may occur as a result of false, misleading or missed information that is given or omitted at the time of enrolment or any time thereafter.

Parent/Guardian Signature

Date