



VALLEY VIEW Learning Center

PERMISSION TO PARTICIPATE

I, being the parent/guardian of _____ do hereby approve to the participation of my child in activities related to the program offered by Valley View Learning Center. I hereby, on behalf of my child, myself, our successors and assigns, release and discharge Valley View Learning Center, its owners, staff, affiliates, and partners, from any and all claims, actions and causes of action arising from any accident or loss caused by the participation of my child.

MEDICAL / ACCIDENT EMERGENCY

During any activity held at this location 5407 Lewis Ave. Toledo Oh 43612 or any location where the VVLC program is held or on route to any such activity. I hereby give permission for my child _____ to take part in outings, supervised by the staff of Valley View Learning Center. I understand that parental consent forms will be issued when the excursions involve the use of chartered school buses.

Parent/Guardian Signature

Date

For Insurance:

This section must be signed by the parent/guardians of all children participating in the program. Should an emergency happen and we are not capable of contacting you, please give the name, telephone number and relationship of the person who is assigned to take responsibility for your child. Name:

_____ Relationship: _____

Home Telephone: _____ Work Telephone: _____