

# Primary Playground Project Parents' Night Out CONSENT FORM

For the safety of your child we would appreciate your filling in the following blanks pertaining to emergency information.

My child \_\_\_\_\_ has my permission to participate in the Parents' Night Out Event at Loveland Primary School on Friday, March 20, 2015. The event will begin at 5:30PM and end by 8:30PM. Children need to be dropped off at Door 18 (by the gym) at Loveland Primary School. Children need to be picked up promptly at 8:30PM.

**Forms & Payment must be returned to the LPS Office by Friday, March 13, 2015.**  
**Payment may be cash or checks payable to LAB - Playground Project.**

## **THE INFORMATION BELOW MUST BE COMPLETED**

YOUR CHILD WILL NOT BE PERMITTED TO ATTEND THE PARENTS' NIGHT OUT UNLESS THIS FORM IS COMPLETED AND RETURNED TO SCHOOL.

PURPOSE: To enable parents & guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

### **PART I OR PART II MUST BE COMPLETED.**

#### **PART I - TO GRANT CONSENT**

In the event reasonable attempts to contact me or other parent at the phone numbers listed are unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by family doctor or dentist if preferred is unavailable.
2. The transfer of the child to preferred hospital listed or any other hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

SPECIAL MEDICAL PROBLEMS & ALLERGIES: \_\_\_\_\_

PHONE NUMBER WHERE YOU CAN BE REACHED ON DAY OF TRIP: \_\_\_\_\_

ALTERNATE CONTACT: \_\_\_\_\_

Doctor: \_\_\_\_\_ Dentist: \_\_\_\_\_ Hospital: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

#### **PART II - REFUSAL TO CONSENT**

I do **not** give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

\_\_\_\_\_  
Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_