

Early Childhood Center, Inc.

100 Welsh Park Drive Rockville, MD 20850 phone 301-424-8065 www.eccpreschool.com

ECC's Parent Signature Page for Emergency Treatment and other Actions

➤ *Please read each segment carefully so that you fully understand each action for which you are granting permission.*

Child's Full Name: _____ Date of Birth: _____

To Remain in Child's Record

1. **EMERGENCY ACTION:** I give my permission to the Early Childhood Center to take whatever emergency measures (e.g., first aid, disaster evacuation) are judged necessary for the care and protection of my child while under the supervision of the childcare provider.
2. **EMERGENCY TRANSPORT:** In case of a medical emergency, I understand that my child will be transported to appropriate medical facility by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deems it necessary.
3. **ACT ON PARENTS BEHALF:** It is understood that, in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.
4. **POISON:** The Early Childhood Center has taken every precaution to ensure that potential poisons are out of the reach of the children we care for. In the event that an accidental ingestion should occur, however, our staff will consult the Poison Control Center.
5. **NEIGHBORHOOD WALK:** I give the Early Childhood Center permission to take my child on supervised neighborhood walking trips. This may include a visit to the playground at Welsh Park.
6. **PHOTO/PUBLICITY RELEASE:** I give the Early Childhood Center permission to use photographs, video of and amusing quotes from my child for educational or promotional purposes, in any type of media, including our school bulletin boards, ECC's website, our Facebook page and newsletters. Your child's name will only be used for in-house displays and our newsletter. I understand that I will not be paid or rewarded for providing authorization.

In the act of signing this document, I acknowledge that I have carefully read each and every item and do understand that I am giving permission for any of the above actions that may/may not be taken.

Parent/Legal Guardian Signature: _____ Date: _____