

School Activity and Medical Release Form

1. I HEREBY GRANT PERMISSION FOR MY CHILD, _____ TO:

- Use all the play equipment and participate in all school activities.
- Leave Marsh Hall and surrounding yard under the supervision of the program director or a teacher for campus walks.
- Participate in testing, evaluations, or pictures connected with the University program. I will be notified before testing takes place.

2. I GIVE PERMISSION TO THE CRAYON BOX CHILDREN'S LEARNING CENTER, LICENSED BY THE STATE OF MICHIGAN, TO SECURE EMERGENCY MEDICAL AND/OR EMERGENCY SURGICAL TREATMENT FOR MY CHILD WHILE IN CARE.

3. I UNDERSTAND THAT THE CRAYON BOX CHILDREN'S LEARNING CENTER CANNOT:

- Be responsible for anything that may happen as a result of false information at the time of enrollment.
- Assume responsibility for a child who has not been checked in and delivered to his/her classroom and left with the teacher.
- Release a child to anyone who appears to be under the influence of alcohol or narcotics, or to anyone who is not listed on the child's Emergency Card.

4. I UNDERSTAND THAT THE CRAYON BOX CHILDREN'S LEARNING CENTER STAFF ARE UNDER LEGAL AND PROFESSIONAL OBLIGATION TO REPORT ANY CASES OF SUSPECTED ABUSE, NEGLECT, OR INCEST.

Parent or Guardian's signature

DATE