



The Sagemont School
2585 Glades Circle ◊ Weston, Florida 33327
Phone: 954-389-2454 ◊ Fax: 954-389-8106

PERMISSION TO PARTICIPATE IN SCHOOL AND/OR CAMP ACTIVITIES AND TO RECEIVE EMERGENCY CARE

I hereby grant permission for my child to use all athletic equipment and participate in all camp and school activities.

I hereby grant permission for my child to leave the school premises with the supervision of staff members for neighborhood walks or field trips in an authorized vehicle.

I hereby grant permission for my child to be included in evaluations and pictures connected with the school or camp program. This includes print and electronic transmissions (i.e., web page and electronic public relations).

I hereby grant permission for our family information (name, address, phone number, email address) to be published in the PTO Student Directory.

I hereby grant permission for the Administration to take necessary steps to obtain emergency medical care, if warranted. These steps may include the following:

1. Administer First Aid and/or CPR.
2. Attempts to contact parent or guardian.
3. Attempts to contact the persons listed on the *Health and Emergency Information* or *Student Information* form.
4. If you or your physician cannot be reached, the following steps will be taken:
 - a. Call another physician or paramedics (depending on the circumstances).
 - b. Call an ambulance.
 - c. Have the child taken to the emergency room of a hospital accompanied by a staff member.
5. Any expenses incurred will be the responsibility of the child's family.
6. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Child's Physician: _____ Phone Number: _____

Insurance Company: _____ Phone Number: _____

Member/ID Number: _____ Group/Plan Number: _____

Child's Name: _____ Date: _____

Signed: _____ Relationship to Child: _____

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