

PARENT CONSENT FORM

PB assumes responsibility for the child once the parent(s) or guardian(s) make eye contact with the teacher and the child has been greeted. The school's responsibility ends when the responsible adult arrives to pick up the child. This is for liability purposes.

Parent/Guardian signature	Date
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In the case of an emergency, I hereby consent to have my child _____ taken to CHEO or the nearest appropriate hospital. I understand that I (or the emergency contact) will be informed as quickly as possible.

Parent/Guardian signature	Date
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ACKNOWLEDGEMENT and in AGREEMENT with the LIABILITY WAIVER

Although we do everything we can to provide a safe environment and to prevent injuries, there is the possibility of injury including but not limited to cuts, scrapes, bruises, insect bites, poison ivy, as well as more serious injuries. I understand that the possibility of injuries sustained during preschool programming time could have the potential to be more severe in nature.

Parent/Guardian signature	Date
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In the case of an injury to my child while in the care, custody, or control of the school, I will hereby waive all claims against Peggy Brewin Co-operative Pre-school, its staff, volunteers and parent members of all responsibility for any injury, loss or damage which my child might sustain while participating in any PB activity.

Parent/Guardian signature	Date
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To further support the safety of our children, during program time, I the parent of _____ agree not to actively use my cell phone (texts/emails) during class time. (only in emergency situations).

Parent/Guardian signature	Date
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