

**Buckaroo Preschool
Western Montgomery Career and Technology Center
77 Gratersford Road, Limerick, Pa 19468**

I give my consent for my child, _____, to participate in the Buckaroo School operating at WMCTC.

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school. I understand that a nutritious snack, planned and prepped by students, will be served as part of this program.

I hereby grant permission for my child to be included in evaluations, pictures and video recordings connected with the school program. Images and videos may appear in WMCTC sponsored media.

I hereby grant permission for the instructor to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Take the child to our school nurse at WMCTC for consultation.
3. Attempt to contact the child's physician.
4. Attempt to contact you through any of the persons listed on the emergency contact form you completed for us.
5. If we cannot contact you or your child's physician we will do any or all of the following; (a) call another physician or paramedics, (b) call an ambulance, (c) have the child taken to an emergency room in the company of a staff member.
6. Any expenses incurred under #5, above, will be borne by the child's family.
7. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
8. The school will not assume responsibility for a child who has not been signed in when he arrives for the day.

I hereby understand that in case of illness I will be called upon and required to pick up my child as soon as possible.

Signed _____ Date _____

(Parent or legal guardian)