



NURSERY SCHOOL CONSENT FORM

EMERGENCY MEDICAL TREATMENT

In the event of a medical emergency when I cannot be reached, I hereby authorise the administration of any medical procedures deemed necessary by my doctor, or, if my doctor is unavailable, by any other physician selected by a teacher of A Gym Tale's Nursery School.

Date: _____ Parent(s) Signature: _____

PHOTO CONSENT

I hereby give permission to the staff of A Gym Tale to photograph my child(ren). I understand that these photographs may be posted in the centre or on A Gym Tale's website where they may be viewed by individuals other than Nursery School participants.

I acknowledge further that parents of other Nursery School students take pictures of the children. As a result, it may be that my child(ren) is included in other photos as well.

Date: _____ Parent(s) Signature: _____

INDOOR PLAYGROUND CONSENT

I hereby give permission for my child(ren) to use A Gym Tale's Indoor Playground, including the Pirate Ship and Castle, under supervision by trained staff.

Date: _____ Parent(s) Signature: _____

TOILETING CONSENT

I hereby give permission for my child(ren) to be assisted with toilet training and stand up diapering. (Please refer to Parents' Handbook for further information.)

Date: _____ Parent(s) Signature: _____