

# Statement of Understanding and Permission

Please initial in designated space:

\_\_\_\_\_ In the event of an emergency, I hereby give permission to the WEXP staff to secure proper medical treatment for my child. In the event I cannot be reached, I hereby give permission to the physician selected by WEXP staff to order routine tests and treatment for the health of my child.

\_\_\_\_\_ I understand that all children enrolled in the program are expected to follow the rules as established by the children and staff for the purposes of safety and community. Should a behavioral problem arise, staff will contact the WEXP Director. Disciplinary procedures are:

- 1) Verbal warning
- 2) Redirection to another activity
- 3) Meeting with the Director
- 4) Notification of Parents

\_\_\_\_\_ I understand that if my child is not attending WEXP, for any reason, I am to notify the Director in advance.

\_\_\_\_\_ I understand that should my child have a fever or symptoms of a developing illness, I will be notified and expected to pick up my child promptly.

\_\_\_\_\_ I understand that as Elmington Park is not located on school property, DHS considers park visits as *walking field trips*. I give WEXP permission for my child to go to Elmington Park as part of WEXP daily activities.

The completion of child information forms officially enrolls my child in WEXP. It is my responsibility to provide the Director with updates and changes of any information provided.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_