



## PREVENTION OF PERSONAL INJURY POLICY

## DISCONTINUING SERVICES POLICY

I have received, read, and understand the Prevention of Personal Injury Policy and the Discontinuing Services Policy. Staff have permission to initiate techniques to insure the prevention of personal injury.

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Signature of parent/guardian

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Date

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Signature of parent/guardian

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Date

FAILURE TO GIVE THIS CONSENT WILL RESULT IN  
PARENT NOTIFICATION AND CHILD REMOVAL FROM  
CENTER WITHIN 15 MINUTES.

Child's Name \_\_\_\_\_