

EMERGENCY TREATMENT AUTHORIZATION

CHILD'S NAME: _____

In the event of an illness or accident which requires immediate medical treatment at a time when a parent cannot be located, I give permission for _____, Director, _____ or other center personnel designated by the director, to authorize such treatment. I will not hold the center or medical personnel responsible. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, and other persons listed for emergency contact.

Date: _____ Signature: _____

Home Phone Number: _____ Emergency Phone Number: _____

Health Insurance Company: _____

Insurance I.D. Number: _____

PERMISSION FOR FIELD TRIPS

CHILD'S NAME: _____

I give permission for my child to accompany his/her class and staff persons on field trips planned and authorized by the Preschool. These may be neighborhood walks or trips in an authorized vehicle.

I understand that the Preschool has insurance which covers such field trips.

Date: _____ Signature: _____