

I/we relieve the Preschool, the current year's Board of Directors, the Preschool Director and Staff of all legal obligation while my/our child is in the facility or in attendance, except in the case of negligence of the Preschool personnel.

Parent/Guardian Signature

Date

I hereby give permission for the Preschool personnel to take my child on field trips, either walking or riding, while he or she is at the Preschool, such as to the grocery store, the fire station, or Public Park within city limits.

Parent/Guardian Signature

Date

I hereby give permission for the Preschool personnel to transport my child, either walking or riding, in the event of an emergency, such as an evacuation of the school, or other similar safety considerations.

Parent/Guardian Signature

Date

I hereby give permission for the Preschool personnel to apply sunscreen to my child before their field trip to the park.

Parent/Guardian Signature

Date

AUTHORIZATION OF MEDICAL TREATMENT

I, _____ hereby give permission to the Green River Co-op Preschool, Inc. to obtain medical or surgical care from a health care facility, physicians or dentists for my child, whose full name is _____, should the need arise. It is understood that a conscientious effort will be made to locate me before action is taken. If this is not possible, treatment as deemed necessary by the physicians/dentists will be taken. I further consent to transportation of the above named child to the nearest or most appropriate medical facility.

Medical insurance company that covers the above named child is:

Company Name & Address _____

Name of Policy Holder _____ Policy Number _____

I authorize the hospital and attending physicians to submit claims to the above named company and hereby assign benefits directly to this company. I understand that I am financially responsible to providers of service for charges not covered by any insurance payments.

Signature of Parent/Guardian _____ Date _____

Signature of Witness _____ Date _____