



AUTHORIZATION AND CONSENT FORM

I understand that every effort will be made to contact me in the event of an emergency

Requiring medical attention for my child _____
(Name)

However, if I cannot be reached I hereby authorize Sunny Hill Preschool to transport my child to the _____ hospital (or nearest hospital) and to secure for my child the necessary medical treatment.

I understand the staff members in Sunny Hill Preschool are trained in the basics of First Aid and I authorize them to give my child first aid when appropriate.

Parent/Guardian Signature

Date

EMERGENCY RELEASE FORM

I give my permission for my child to be released from the program and/or to be received at the end of the program to the following people:

Name _____

Relationship to child _____

Address _____

Tel. # _____ Cell# _____

Name _____

Relationship to child _____

Address _____

Tel. # _____ Cell# _____

Name _____

Relationship to child _____

Address _____

Tel. # _____ Cell# _____

Parent/Guardian Signature

Date