

Authorization to Release Child

Early Arts Preschool personnel are authorized by my signature below to release my child,
_____ to the following persons:

Name _____	Relation _____	Phone _____
Name _____	Relation _____	Phone _____
Name _____	Relation _____	Phone _____

Parent's Signature _____ Date _____

MEDICAL \ ALLERGIC CONDITIONS

Child's Medical \ Allergic Condition: _____

Child's Physical Reaction \ Response: _____

Treatment for Condition: _____

Medical Authorization

Early Arts Preschool personnel are authorized by my signature below to seek medical assistance\ treatment if I am unable to be contacted in case of an emergency involving my child, _____ including transporting my child to Children's Hospital either by ambulance\ emergency vehicle or personal vehicle.

Parent's Signature _____ Date _____

FIELD TRIP PERMISSION

Early Arts Preschool has my permission to transport my child _____ by private automobile in connection with field trips and extracurricular activities in connection with Early Arts Preschool programs.

Parent's Signature _____ Date _____

3K and 4K classes have several field trips throughout the year.
