



PERMISSION AUTHORIZATIONS

Please Print Clearly

ADMINISTER MEDICATION / MEDICAL CONSENT

As parent or guardian of _____, I authorize the staff of the Sonshine Pre-school to administer any medications that I may indicate to my child. I authorize the staff of the Sonshine Pre-school to secure and such emergency medical care that my child might required while under the supervision of the school. I also agree to pay all costs and fees that might be incurred on any emergency medical treatment that has been authorized by the school for my child.

Signature: _____

PICTURE & USE

As parent or guardian of _____, I authorize my child to be included in any pictures taken, and that they may be shared among the parents and preschool families. Any such photography will be administered under the supervision of the school staff and will reflect only the school program of the Sonshine Pre-school.

Signature: _____

ACTIVITIES OFF THE SCHOOL GROUNDS

As parent or guardian of _____, I authorize and give permission for my child to participate in walking and field trips under the proper supervision of the staff of the Sonshine Pre-school.

I hereby consent to have my child participate in field trips supervised by the teaching staff – away from the school ground to nearby points of interest.

I hereby authorize the Sonshine Pre-school to call an emergency ambulance in case of accident of acute illness, and to arrange for necessary emergency medical and surgical care, in case I am not immediately available. Any qualified Physician, called by Sonshine Pre-school may treat and do whatever is necessary for the health and well-being of my child.

It is understood that a conscientious effort must be made to notify me (parents) before such action will be taken. I also agree to accept responsibility for the cost of above medical services.

Physician's Name: _____ Phone: _____

Address: _____

Mother: _____ Work Phone: _____

Employed by: _____

Address: _____ Occupation: _____

Father: _____ Work Phone: _____

Employed by: _____

Address: _____ Occupation: _____

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Legal Guardian's Signature: _____ Date: _____