

AUTHORIZATION FORMS

I _____ hereby give my permission to _____ to call a doctor for medical or surgical care for my child _____ should an emergency arise. It is understood that a conscientious effort will be made to locate me before emergency action will be taken, but if this is not possible the expenses of emergency medical treatment or care will be accepted by me.

Parent/guardian _____ Date _____

AUTHORIZATION FOR FIELD TRIPS

I _____ give permission for my child to go on field trips away from the premises of the preschool, in the company of a responsible adult, whether on foot or by vehicle.

Parent/Guardian _____ Date _____

AUTHORIZATION FOR USE OF MEDIA/PICTURE PUBLICATION

I _____ give permission for my child to view or listen to appropriate media in the facility. I permit my child's picture to be published on a school website, in a school publication, or in a local newspaper for publicity reasons if the occasion should arise.

Parent/Guardian _____ Date _____

CLASS DIRECTORY

I permit my child's name, parents' names, address and phone numbers to be given to school members during the year in a class directory.

Parent/Gaurdian _____ Date _____

AUTHORIZATION FOR CHILD'S IMMUNIZATION RECORDS TO BE ENTERED INTO THE STATE DATABASE

I _____ give permission for my child's immunization records to be entered in the Colorado State Immunization Data Base.

Parent/Guardian _____ Date _____

AUTHORIZATION FOR USE OF SUN SCREEN

I _____ give permission to staff at Cozy Corner Preschool to apply sunscreen to my child as needed.

Parent/Guardian _____ Date _____

DISCLAIMER

It is understood that supervision is provided but that my child may be exposed to risk of injury normally encountered by participants in the indicated activity without liability to the supervisor and/or facility.

Parent/Guardian _____ Date _____