

**CONSENT FOR EMERGENCY MEDICAL TREATMENT-
Child Care Centers Or Family Child Care Homes**

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO PROVIDE ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME
 PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR
 _____ . THIS CARE MAY BE GIVEN UNDER WHATEVER
NAME
 CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED
 ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:


DATE_____
PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE_____
HOME ADDRESS_____
HOME PHONE

()

WORK PHONE

()

LIC 827 (4/00) (CONFIDENTIAL)

 OSP 00 41583
PERMISSION TO PARTICIPATE IN SUPERVISED WALKS

I grant permission for my child _____ to participate in supervised walks by the staff of Lyric Preschool. Scheduled walks are posted on weekly lesson plans. I understand that the children will be accompanied by teachers, aides and parents and that I may choose to participate.

Signature of parent / guardian _____ Date _____

PHOTOGRAPHIC AND VIDEO RELEASE - MINORS

I hereby authorize Lyric Preschool to photograph and/or videotape my child and publish the reproductions on Lyric Preschool's web site or DVD. This release will remain in effect until a written notice is received.

Child's Name _____ Date _____

Signature _____ Print Parent/Guardian Name _____