

CONSENT FOR EMERGENCY MEDICAL TREATMENT



AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO "Lyric Preschool "TO PROVIDE ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

(Child's Name) _____.

THIS CARE MAY BE GIVEN UNDER WHATEVER 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 _____

PERMISSION TO PARTICIPATE IN SUPERVISED WALKS



I grant permission for my child _____ to participate in supervised walks led by the staff of Lyric Preschool. Scheduled walks are posted on the 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 _____

Procure Application Release



I hereby authorize Lyric Preschool to photograph and/or video my child with the Procure app. All correspondence is private between parents and Lyric Preschool staff ONLY.

Child's name _____ Date _____

Signature _____

Print Parent/Guardian Name _____

YouTube Release



I hereby authorize Lyric Preschool to photograph or video my child for publishing on the Lyric Preschool Channel.

Child's name _____ Date _____

Signature _____

Print Parent/Guardian Name _____