## **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

## **Procare Application Release**

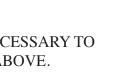
I hereby authorize Lyric Preschool to photograph and/or video my child with the Procare app. All correspondence is private between parents and Lyric Preschool staff ONLY. Child's name\_\_\_\_\_ Date\_\_\_\_\_ Signature\_\_\_\_\_ Print Parent/Guardian Name\_\_\_\_\_

## **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



Children's<sup>(</sup>





