NEIGHBORHOOD PRESCHOOL EMERGENCY RELEASE & PARENTAL CONSENT FORM

CHILD'S NAME:	BIRTHDATE:	
	HED IN AN EMERGENCY OR ILLNES D WHO IS AUTHORIZED TO REMOV	
NAME	CONTACT NUMBER	RELATIONSHIP
	PARENTAL CONSENT:	
hospital in the event of an acci my child by ambulance to Mid	to be treated by dent, sudden illness or emergend dlesex Hospital, or a medical facil ny physician or center physician c	cy. I give permission to take ity designated by
	mber:	
permission to have first aid ad *** Are there any known allergi to know about? If so, please pr	AID AND TREATMENT: I do ministered as directed in the appoies, drug allergies, health or medic ovide details:	roved standing order. cal problems that we need
photographs/videos of my chil	TAPE RELEASE: NPS has my perrod on the: NPS website, ook page or Neighborhood I	Friends of Neighborhood
	or do not give my conddress, phone numbers) to be incall.	
PERMISSION FOR FIELD TRIP to accompany staff on walks a due precautions being observe	nd field trips away from Neighbor	my permission for my child rhood Preschool on foot,
Handbook, Discipline and Hea and that the techniques used	DL POLICIES: I acknowledge that I Ith Policies and agree to abide by to manage child behaviors in the copy of the handbook can be fou	the policies contained in it facility have been discussed
Name of Parent or Guardian	Signature of Parent/Guardia	 n Date