

Preschool Consent and Authorization Form

Child Information

Full Name

Date of Birth

Home Address

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Second Parent/Guardian Name (optional)

Phone Number

Emergency Contact

Name

Phone Number

Relationship to Child

Medical Information

Child's Physician

Special Medical Conditions, Allergies, or Medications

Consent and Authorization

I authorize the preschool to obtain emergency medical treatment for my child if necessary.

I give consent for my child to participate in supervised field trips.

I give consent for my child's photo to be used for school purposes (newsletter, website, etc).

Signature

Date

Parent/Guardian Signature