

# 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

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Date

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Parent/Guardian Signature