

# Vocational Preschool

## Parent Consent Form

### Emergency Medical Authorization

I hereby authorize the Vocational Preschool to make contact with and make authorization for emergency medical treatment for my child as may be necessary. We will be responsible for the physician's charges upon receipt of the statement.

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Signed by parent(s) \_\_\_\_\_ Date \_\_\_\_\_

### Field Trip Authorization

I hereby authorize the Vocational Preschool to take my child on field trips which are supervised by authorized staff. All possible precautions are taken to insure the health and safety of children.

Signed by parent(s) \_\_\_\_\_ Date \_\_\_\_\_

### Authorized to pick up child

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Days to pick up M T Th F

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Days to pick up M T Th F

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Days to pick up M T Th F