

## **Consent For Emergency Medical Treatment**

Required For Admission To Preschool

I do hereby give authority to the day care program staff to obtain necessary emergency medical treatment for my child, with the understanding that the family will be notified as soon as possible.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Parent/ Guardian (print)

\_\_\_\_\_  
Parent/ Guardian (sign)

\_\_\_\_\_  
Date

***Preparing Tomorrow's Leaders...Today!***