

Gramma's House Authorization Form

⌘ Authorization for Emergency Medical Care

I hereby give my permission to _____ to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child/children, _____.

It is understood that the preschool teacher will make a conscientious effort to locate the parent/guardians and emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate emergency contacts listed, treatment will not be delayed. I/we will accept the expense of emergency transportation, medical or surgical treatment.

⌘ Field Trips

I give permission for my child to go on trips away from the premises of the preschool home, in the company of a responsible adult, whether on foot or by vehicle.

⌘ Transportation

I give permission for my child/children to be transported home or another facility approved by the parents/guardians at the address listed below.

⌘ Activities

I give permission for my child/children to participate in program activities except for the following:

⌘ Parent/Guardian signatures: _____ Date _____