

WESTFORD PRESCHOOL & KINDERGARTEN AUTHORIZATION AND CONSENT FORM

Child's name: _____ Date of Birth: _____

I authorize the staff of the Westford Preschool & Kindergarten who are trained in First Aid to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical facility and/or to _____ Hospital, and to secure necessary medical treatment for my child.

Child's Physician's name: _____

Address: _____

Phone Number: _____

Emergency Contacts (In order to be contacted)

1. Name: _____ Address: _____

Relationship to child: _____ Phone # _____

Do you give permission for child to be released to this person? Yes _____ No _____

2. Name: _____ Address: _____

Relationship to child: _____ Phone # _____

Do you give permission for child to be released to this person? Yes _____ No _____

3. Name: _____ Address: _____

Relationship to child: _____ Phone # _____

Do you give permission for child to be released to this person? Yes _____ No _____

Date: _____ Parent Signature: _____

PERMISSION FOR FIELD TRIP

I give permission for my child, _____, to attend all authorized field trips of the Westford Preschool & Kindergarten.

Date: _____ Parent Signature: _____

PUBLICITY RELEASE

I give permission for my child's picture to be released for publicity purposes through the local newspaper.

Date: _____ Parent Signature: _____