

**CONSENT FOR EMERGENCY MEDICAL TREATMENT-
Child Care Centers Or Family Child Care Homes**

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Dandy Lion Montessori School

FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

. THIS CARE MAY BE GIVEN UNDER WHATEVER

CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED
ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

WORK PHONE

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LIC 627 (ENG/SP) (5/01) (CONFIDENTIAL)

Field Trip Permission Form

Date _____

I hereby permit _____ to participate in the Field Trips listed below. I hereby discharge and release Dandy Lion Montessori School, and each and all of their agents and employees, from any liability resulting from or in any manner arising out of any injury or damage which may be sustained on account of my child's participation in these field trips, or in the transportation in connection therewith. Notices will be posted in advance of each field trip which requires transportation in a vehicle.

_____ Walks in the neighborhood

_____ Walks to local parks

_____ Visits to local fires station, post office, library, etc.

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Signatures: Mother

Father

Guardian