

# **GRACE PRE-SCHOOL**

## **RELEASE FORMS**

### **Emergency Medical Care**

This authorizes GRACE PRE-SCHOOL, its staff or designated agents, to secure EMERGENCY medical care for my child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges incurred. The name, address, and telephone number of my child's doctor is on file with Grace Pre-School. I understand that my child may be transferred to the nearest emergency facility by public safety officials or the staff of Grace Pre-School.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Child \_\_\_\_\_

### **Trips, Excursions, and Public Park Facilities**

I/we authorize GRACE PRE-SCHOOL, its staff or designated agents, to take my child on walking trips, special excursion, and to nearby park facilities. I/we also authorize the child to ride as a passenger in the vehicle owned or leased by the above-named person(s). I/we understand all such trips are under the supervision of the above-named person(s) and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Child \_\_\_\_\_

### **Child Pickup Consent**

The following designated people, other than the parents, are authorized to pick-up your child. Staff members must be informed beforehand if anyone is picking up your child other than regular car pool parents. You may add or subtract from this list at any time.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Child \_\_\_\_\_