

## Presbyterian Preschool Authorizations

In case of accident or illness requiring medical attention, the undersigned authorizes Presbyterian Preschool, to seek emergency medical care for \_\_\_\_\_ in the parent's absence.

I give permission for Presbyterian Preschool, to transport \_\_\_\_\_ for field trips or in case of emergency.

My Child may be picked up by the following persons:

---

Name	Phone	Relationship
------	-------	--------------

---

Name	Phone	Relationship
------	-------	--------------

---

Name	Phone	Relationship
------	-------	--------------

In case of emergency \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Mother's work phone \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Father's work phone \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Case of emergency when parent cannot be reached \_\_\_\_\_

---

Phone \_\_\_\_\_ Phone \_\_\_\_\_

---

Name of Physician	Office Phone
-------------------	--------------

---

Name of Hospital	Phone
------------------	-------