



I / We the parent(s) or guardian(s) of .....  
permit my child to leave the premises of this Day Care for walks, trips, etc.  
Provided he/she is under the supervision of a staff member.

Parent(s) / Guardian(s) signature .....

Date: .....

### **PARENT'S CONSENT FORM**

This form will enable a Doctor to give necessary treatment in case of an emergency when the parents cannot be contacted. It is understood that every effort will be made to reach the parents.

Name of child: ..... Date: .....

If at any time, due to such circumstances as accident or sudden illness, medical treatment is necessary, this may be given. I understand that any expense is incurred for such treatment is my responsibility.

Parent(s) / Guardian(s) signature .....