

WESTFORD PRESCHOOL AUTHORIZATION AND CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize the staff members of the Westford Preschool 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 if parents cannot be reached)

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.

Date: _____ Parent Signature: _____

PHOTO PERMISSION (PLEASE CHECK ALL THAT APPLY)

_____ I give permission for my child to be photographed for in-house use (i.e., attendance cards, mailboxes, classroom activities, etc.). Photos will NOT be shared with the public.

_____ I give permission for photos of my child to be released for publicity purposes through the local newspaper, local cable television, brochures and flyers.

_____ I give permission for photos of my child to be used for publicity on the WPS website.

Date: _____ Parent Signature: _____

TRANSPORTATION

I understand I am responsible for my child's transportation to and from school.

Date: _____ Parent Signature: _____