

Excursion Permission

I hereby give permission for my child, _____,
to participate in walks and/or rides supervised by the school teaching staff
and away from the school grounds, to nearby points of interest.

Parent Signature _____ Date _____

Consent for Medical Treatment

As the parent, I hereby give consent to Sunshine Preschool to provide all
emergency dental or medical care prescribed by a duly licensed physician
(MD) or dentist (DDS) for my child, _____.
This care may be given under whatever conditions are necessary to preserve
the life, limb or well being of my dependent. I hereby agree to pay any and
all expenses incurred by such an illness/injury.

Parent Signature _____ Date _____

**Please verify if you have ever been convicted of a felony: (A conviction
will not necessarily disqualify you from enrolling)**

_____ Yes (Please explain)

_____ No

To Be Completed in Presence of Director/Administrator

I verify that I have reviewed this form and have made any necessary
corrections.

Parent Signature _____ Date _____

Parent Signature _____ Date _____