

**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 \_\_\_\_\_