



Activity and Medical Release

I hereby authorize my child, _____, to participate in all activities of the Harmony Preschool program. I understand that certain risks may be associated with some of these activities, such as outdoor play, maneuvering stairs and interacting with other young children and agree to allow my child to participate fully or to notify the Director in writing of any restrictions on activities at the time of enrollment into the program.

Permission to authorize emergency medical treatment (for permanent file)

I hereby authorize the personnel of Harmony Preschool to obtain and authorize emergency medical treatment for my minor child, _____, in the event of an illness or accident which, in their opinions, requires such medical treatment.

I understand that any decision regarding the transporting of my child to a medical facility will be made by the personnel who are called to respond to any emergency at the preschool. I will not hold the preschool or its personnel responsible should the decision be made to transport my child to a medical facility.

Harmony Preschool will immediately notify parents/guardians of any situation which requires the seeking of emergency treatment.

Signature of parent/guardian: _____ Date: _____

Child's Physician: _____

Physician's Phone Number: _____

Preferred hospital: _____

Medical Conditions/Allergies: _____
