



Early Childhood Center

Authorization and Consent Form

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 Lilliput Early Childhood Center to transport my child to the _____ Hospital (or nearest Hospital) and to secure for my child the necessary medical treatment.

I understand the teachers at Lilliput are trained in the basics of First Aid and I authorize them to give my child first aid when appropriate.

I hereby authorize Lilliput Early Childhood Center to release my child to the following persons (other than parents) :

Name:_____ Relationship:_____
Address:_____ Phone:_____

Name:_____ Relationship:_____
Address:_____ Phone:_____

Name:_____ Relationship:_____
Address:_____ Phone:_____

Name:_____ Relationship:_____
Address:_____ Phone:_____

Parent Signature_____ Date:_____

Parent Signature.2nd year_____ Date:_____

Parent Signature.3rd year_____ Date:_____

Parent Signature.4th year_____ Date:_____