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 18 Grafton Street,
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Authorization & Consent Form

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention to my child: _____ However if I can not be reached, I hereby authorize Lilliput Early Childhood Center to transport my child to the: _____
Childs Name
 _____ Hospital or the 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 the child's parents)

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

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

1st year Parent Signature: _____ Date: _____

2nd year Parent Signature: _____ Date: _____

3rd year Parent Signature: _____ Date: _____

4th year Parent Signature: _____ Date: _____