

VERIFICATION OF PARENT ORIENTATION

Date of orientation _____

Signature of Parent/Guardian _____

Signature of Teacher/Director _____



WALKING FIELD TRIP PERMISSION FORM

I give permission for Como Park Language and Arts Preschool and Childcare Center to take my child _____ on walking field trips during the program year 2023-2024. Trips will be short distances and taken when weather permits.



RELEASE FORM

Persons who may pick up my child _____

Persons who may NOT remove my child _____

_____ Date _____

Signature of Parent/Guardian

PERMISSION FOR EMERGENCY MEDICAL/DENTAL CARE

EMERGENCY MEDICAL CARE

I hereby give Como Park Language and Arts Preschool and Childcare Center permission to call the paramedics (911) to transport my child

_____ to _____ hospital in case of a medical emergency.

Signature of Parent or Guardian _____

EMERGENCY DENTAL CARE

I hereby give Como Park Language and Arts Preschool and Childcare Center permission to take my child _____ to _____ dentist in case of a dental emergency.

Signature of Parent or Guardian _____

