Grand Avenue Preschool & Day Care, Inc.—Authorization Form—LGHD106 & BR

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby give my permission to LaGrange Adventist Hospital, Hinsdale Adventist Hospital, or a hospital selected by 911 and to the

Doctors in attendance to treat my child, as necessary, in an em	nergency situation when I am not a	available.	
Signed	Date	Date	
(Parent or Legal Guardian)			
Child's Full Name	Birthdate	Gender	
Parents' Names			
Parents' E-Mail	Cell Phone #s		
Child's Doctor	Doctor's Phone Number	er	
Does your child have any pre-existing conditions?			
Please list any allergies:			
Please list any routine medications:			
I assume all risks which may be associated or result from my clofficially connected with Grand Avenue Preschool & Day Care, school. If medical treatment is required, my personal health in the Highlands outdoor playground equipment. This equipment Students use the playground during their school day. While at walking field trip. There are monkey bars and a spring balance Avenue does not provide 1:1 supervision for any age groups. Signed (Parent or Legal Guardian)	Inc. I am aware that accidental in insurance plan must be used. I am a at is just outside door #23. Highlan tending Grand Avenue, the use of beam. Early Childhood groups us	juries can occur while my child is in aware that school age students use ds School maintains the playground. the equipment is considered a	
(rarent or zegar odaranan)			
I am aware that a copy of the Illinois DCFS licensing standards childhood. Signed (Parent or Legal Guardian)	summary was sent to me electron	ically upon enrollment for early	
DADENT HANDROOK IC	CLUDANCE & DISCIPLINE DOLLOW		
Parent Handbook/e I have read, understand, and agree to the Grand Avenue Presc Policy. Any non-compliance with the Parent Handbook may re licensed by DCFS. Signed	esult in disenrollment. Grand Aven		
(Parent or legal Guardian)			
I hereby grant to Grand Avenue Preschool & Day Care, Inc. per	YES NO		
DI AVGROLIND/FIE	ELD TRIP PERMISSION SLIP		
	s permission to participate in walk	ing field trips in the neighborhood,	
Please discuss with your child the importance of observing safe rules will result in your child not being able to participate in fur-	ture trips.	r's instructions. Failure to follow	
(Parent or Legal Guardian)			