



MEDICAL & EMERGENCY CARE CONSENT

I/We, _____ father, mother, guardian of

_____ do hereby request to give consent to the Preschool Director, or lead teacher, for said child to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed health care provider in case of emergency when the parent/guardian cannot be reached. Consent is also given for the Preschool Director or administrative staff to transport said child for emergency medical treatment, if the parent/guardian cannot be reached, including emergency transportation. Consent is also given for the Preschool Director or lead teacher to administer medicine to said child for prescription and non-prescription medications submitted by parent/guardian with approved administration plan.

Signed: _____ Date: _____

Signed: _____ Date: _____

Address: _____ City: _____ State: _____ Zip code: _____

Doctor's Name: _____ Phone Number: _____

Insurance: _____ Policy #: _____

PHOTO & VIDEO RELEASE CONSENT

I/We, _____ father, mother, guardian of

_____ give consent for photos and videos to be taken of my child to be used in CSA Preschool for the Creative Arts program promotion. Photographs and videos may be used in news release items, slides, website updates or other related material. I give my consent for photos and videos of my child to be used on all CSA social media platforms.

Signed: _____ Date: _____

Signed: _____ Date: _____