Lollipop Lane Preschool

Parent Permission Form

CHILD'S NAME _____ DATE _____

Release from Center

horize the following person(s) to pick up my child from Lollipop Lane Preschool.
l notify these people.

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

Signature of both parents _____

_____

Emergency Treatment

e my permission to the Lollipop Lane Preschool, Holton, Kansas, for emergency treatment of my
l in case of illness or an accident until my arrival. In the event my child needs immediate care fro
ysician/hospital, Lollipop Lane Preschool may call 911 for emergency medical transportation.

Signature of both parents _____

_____

Minor Accidents

Lollipop Lane Preschool in Holton, Kansas, has my permission to treat my child's minor injuries

Signature of both parents _____

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