

Columbia Kids Cooperative Preschool
Authorization Form

Medical Release

In the event of accident or sudden illness, and the parents of the child cannot be immediately contacted, I hereby authorize Columbia Kids Cooperative Preschool to obtain any needed medical and/or hospital treatment for my child, _____

I will assume any expense incurred by such emergency care.

Doctor preferred: _____

Hospital preferred: _____

(signature of parent/guardian)

(date)

Field Trip Release

I hereby give permission for my child, _____, to participate in field trips arranged by Columbia Kids Cooperative Preschool.

All parents, guardians and drivers agree to protect, indemnify and hold harmless Columbia Kids Cooperative Preschool, its board members and staff from any and all claims, liabilities, damages or expenses (including defense costs) arising directly or indirectly from, or in any way related to: transportation in an automobile not owned by the preschool in connection with any preschool activity or while traveling directly to or from the place of such activities.

(signature of parent/guardian)

(date)

(relationship to child)

Do you have a valid driver's license? ___ yes ___ no
Do you have liability insurance? ___ yes ___ no
Do you have a current first aid card? ___ yes ___ no