

# Alphabet Soup Preschool Emergency Release Form

## Consent to Emergency First Aid & Treatment

I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a staff member at Alphabet Soup Preschool. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment, and agree to hold Alphabet Soup Childcare and its employees harmless.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Consent to Medical Care & Treatment

In the event that I cannot be contacted immediately, medical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold Alphabet Soup Preschool and its employees harmless.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_