



PERMISSION FOR NEIGHBORHOOD WALKS:

\_\_\_\_\_ has my permission to walk in a supervised group to neighborhood destinations such as Turtle Park. The teachers will post a notice on the school entrance door and will carry all emergency forms, the first aid kit, a cell phone, etc.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

CONSENT FOR MEDICAL CARE AND TREATMENT:

I, \_\_\_\_\_, am the parent or guardian having legal custody of the child named on the front of this form. I authorize all medical, diagnostic, surgical, and hospital care or procedures, as well as emergency transportation, which may be performed or prescribed for my child by a licensed physician or hospital or emergency medical personnel, when efforts to contact me are unsuccessful and when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Please designate: \_\_\_\_\_ Natural or adoptive parent

\_\_\_\_\_ Legal Guardian

***Please submit application with \$60 deposit per session to:  
Kirkland Preschool, 802 - 2<sup>nd</sup> St., Kirkland, WA. 98033***

