



BMH-BJ  
**PRESCHOOL**  
 Play ☆ Connect ☆ Grow

## Authorizations

I, \_\_\_\_\_ hereby give my permission for **BMH-BJ Preschool** to call for medical or make surgical decisions for my child, \_\_\_\_\_, should an emergency arise. It is understood that a conscientious effort will be made to locate me before emergency action/decision will be taken, but if this is not possible the expenses of emergency medical treatment or care will be accepted/paid by me.

<u>Doctor</u>	<u>Dentist</u>	<u>Hospital</u>
Name: _____	Name: _____	Name: _____
Address: _____ _____	Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____	Phone: _____

**Does your child have an allergy?** \_\_\_ Yes \_\_\_ No

If yes, please describe: \_\_\_\_\_

### Permission to use:

Sunscreen: \_\_\_ Yes \_\_\_ No      Lotion \_\_\_ Yes \_\_\_ No Diaper Cream \_\_\_ Yes \_\_\_ No

Notes: \_\_\_\_\_

**Photos:** I grant permission for photographs/videos of my child to be used for publication (print/web).  
 \_\_\_ Yes \_\_\_ No

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_