



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: _____