

Termination:

The school reserves the right to terminate a child from school, if in the opinion of the Administrator and/or Director it is in the best interest of the child/parents or the school.

Community Care representatives have the right to interview children and to view their records at any time. Parents are requested to read obligations and agree to abide by them.

I/We have received a copy of the school policy, read and understood our obligations.

1. _____
Signature of Parent (father) or guardian

2. _____
Signature of Parent (mother) or guardian

Date: _____

**CONSENT FOR EMERGENCY MEDICAL TREATMENT-
Child Care Centers Or Family Child Care Homes**

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER WHATEVER
NAME

CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED
ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

_____ DATE

_____ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

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WORK PHONE

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