



Hamilton County Pre-School
Consents

Name of Child _____

Parent(s) or legal guardian placing the child may sign and or all of the following consents:

Emergency Medical Care

This authorizes Hamilton County Pre-School to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement. Your child will be taken to the nearest medical facility.

Date	Signature of Parent/Guardian
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Relationship to Child

Date	Signature of Parent/Guardian
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Relationship to Child

Consent For Individual Screening

I give my consent to Wabash & Ohio Valley Special Education District's evaluators to individually screen _____

(Name of Student & Date of Birth)

in academic and developmental areas. This is not consent for case study. I understand that this consent for individual screening may be revoked at any time.

Signature of Person Giving Consent Relationship to Student Date

Witnessed By Date

Child Pickup

I/we authorize ONLY _____
Name Address Phone

And/or _____
Name Address Phone

to pick up my/our child when I/we am/are unavailable.

Date Signature of Parent/Guardian

Relationship to Child

Date Signature of Parent/Guardian

Relationship to Child

Trips, Excursions, And Public Park Facilities

I/we authorize Hamilton County Pre-School to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we also authorize the child to ride as a passenger in the vehicle owned or leased by above-named person(s). I/we understand all such trips are under supervision of the above-named person(s) and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Date	Signature of Parent/Guardian
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	Relationship to Child
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Date	Signature of Parent/Guardian
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	Relationship to Child
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Consent For Pictures

I/we authorize Hamilton County Pre-School to take pictures of my/our child for publicity purposes.

Date	Signature of Parent/Guardian
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	Relationship to Child
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Date	Signature of Parent/Guardian
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	Relationship to Child
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