



**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
------	------------------------------

\_\_\_\_\_

Relationship to Child

\_\_\_\_\_

Date	Signature of Parent/Guardian
------	------------------------------

\_\_\_\_\_

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

