

**SUNNYMONT-WESTSIDE PARENT PARTICIPATION NURSERY SCHOOL  
CHILD'S EMERGENCY MEDICAL RELEASE**

I (We), the parent(s) of \_\_\_\_\_ hereby authorize Sunnymont-Westside Parent Participation Nursery School or its agents to administer first aid and/or to obtain any emergency medical or dental treatment deemed necessary to preserve life, limb and well-being of our child.

I (we) agree to reimburse Sunnymont-Westside Parent Participation Nursery School for any expenses incurred in the care of our child should emergency medical or dental treatment be necessary.

**Our child has the following food allergies:**

**Our child has the following medication allergies:**

**Here is additional information you may need to know:**

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EXCURSION PERMIT**

I (we) give permission for our child \_\_\_\_\_ to go on neighborhood walks and field trips sponsored and supervised by Sunnymont-Westside Parent Participation Nursery School. *(Must be signed for 4 Day children who'll be participating in Nature Day.)*

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_