
Medical Authorization & Enrollment Release

Authorization for Emergency Medical Treatment

If my child, _____ should become sick or hurt during his/her time with Nature Preschool of Baltimore, I understand that a program representative will:

1. contact me or my designated representative in my absence.
2. If I or my designated representative **cannot be reached**, Nature Preschool of Baltimore is authorized to contact my child's doctor and/or have my child transported by ambulance for emergency treatment and/or administer medications or injections provided by me for the purpose of treatment.

I also understand that I am responsible for the payment for all medical treatments.

PARENT/GARDIAN SIGNATURE: _____

DATE: _____

Enrollment Release

I, as the parent/guardian of, _____ expressly give my permission for him/her to participate in the activities of Nature Preschool of Baltimore. I understand that even when reasonable precautions are taken, incidents and accidents may occur. It is with full understanding I voluntarily and I intentionally release the HVCD and its staff from all liability for loss or damages resulting from participation in the program.

PARENT/GARDIAN SIGNATURE: _____

DATE : _____