

# Our Savior Lutheran Ministries

## Early Childhood Development Center

We will occasionally take walks around our campus and adjacent areas within 50 yards of the school. Your written permission is required.

I hereby give permission for \_\_\_\_\_ to participate in any walks around campus and adjacent areas while under the supervision of the Staff of Our Savior Lutheran's Early Childhood Development Center.

I understand that if my Child's class has the opportunity to take an occasional, educational field trip by car, bus, or foot, I will be given a Field Trip Consent Form to sign and return to the Early Childhood Development Center.

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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

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

Our Savior Lutheran Early Childhood Dev. Center 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

( )

WORK PHONE

( )