

# *Naples Little Bunch, Inc.*

A Parent Cooperative Preschool

## Authorization and Consent Form

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

### Emergency Treatment:

In the event of illness and/or accident requiring immediate care, I give Naples Little Bunch, Inc.

permission to contact my child's physician, Dr. \_\_\_\_\_,

Phone #: (\_\_\_\_\_)\_\_\_\_\_. If the school is unable to contact the physician or me, I

give permission to \_\_\_\_\_ Hospital to give necessary medical treatment to my child.

Name of Health Insurance Co: \_\_\_\_\_

Policy Number: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature Date Signed

### Emergency Transportation:

I understand that every effort will be made to contact me in the event of an emergency that requires medical attention for my child. However, if I cannot be reached, I hereby authorize Naples Ambulance Service to transport my child to \_\_\_\_\_, Hospital (or nearest hospital).

\_\_\_\_\_  
Parent's Signature Date Signed

**Emergency Numbers:** List contacts below in order of who we should call first

**Example - Rob Cochrane, Father, 585-374-1763, Home**

1. \_\_\_\_\_  
(Name, Relationship to Student, Number, Location i.e. Work)

2. \_\_\_\_\_  
(Name, Relationship to Student, Number, Location i.e. Work)

3. \_\_\_\_\_  
(Name, Relationship to Student, Number, Location i.e. Work)

\_\_\_\_\_  
Parent's Signature Date Signed

**Field Trips:**

\_\_\_\_\_ has my permission to participate in field trips  
(Student Name Here) for the 2024-2025 school year.

\_\_\_\_\_  
Parent's Signature Date Signed

**Medical, Mental, or Physical Challenges:**

Please list below any medical, mental, or physical challenges (i.e. allergies, asthma, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please return this consent form on your child's first day of school or mail to:*

**Naples Little Bunch  
Attn: Registrar  
PO Box 627  
Naples, NY 14512**