

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 2023-2024 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**