

# Stepping With The Stones

*21<sup>st</sup> Century Preschool for the First Steps in Learning*

## A. DAILY RELEASE

The following family members and/or friends ONLY are given permission to drop off and/or pick up my child(ren) at Stepping With The Stones.

- |    |    |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

## B. PERMISSION TO TRANSPORT

I give permission to SWTS staff to help provide transportation for my son(s)/daughter(s) during field trips & special excursions related to preschool.

**Parent / Guardian Signature(s):**

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## C. EMERGENCY MEDICAL CARE RELEASE

By signing this Emergency Medical Care Release Form, I give authorization for SWTS administrators, teachers, & other staff to obtain medical attention for my child, \_\_\_\_\_, in case of medical emergencies.

*(child's name)*

**Parents/Guardian Signature:**

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*(dated)*

## D. AUTHORIZATION TO DISPENSE MEDICATION (only when applicable)

I authorize SWTS to administer the medication \_\_\_\_\_ to my child \_\_\_\_\_ prescribed by Dr. \_\_\_\_\_.

Dosage: \_\_\_\_\_ When to give? \_\_\_\_\_ Continue meds till: \_\_\_\_\_

MEDICATION MUST BE IN ITS ORIGINAL CONTAINER WITH CHILD'S NAME ON IT.

**Parents/Guardian Signature:**

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<b>Record of Medication:</b>	<u>Amount</u>	<u>Time</u>	<u>Date</u>	<u>Initials</u>
<i>(Use back, if needed.)</i> 1.				
2.				
3.				
4.				
5.				