

Additional Emergency /Pick-up List *(Director approval required)*

Child's Name: _____

In the event of injury, I hereby give permission to the staff of Calvary Chapel West Oahu Preschool to administer **first aid** to my child. I also give consent to have my child taken for treatment at the nearest **emergency room** when deemed necessary. I agree to pay for all **emergency medical costs**. I understand that every reasonable attempt to **contact me** will be made. The following people may authorize **emergency care** or **pick-up** my child from Calvary Chapel West Oahu Preschool as indicated by my choice of Y (yes) or N (no) in the right hand column.

Signature: _____

Name: _____ Cell: _____ Address: _____	Relationship to child: _____ City/Zip: _____		Emerg'cy list Y N	Pick-up list Y N
Name: _____ Cell: _____ Address: _____	Relationship to child: _____ City/Zip: _____		Emerg'cy list Y N	Pick-up list Y N
Name: _____ Cell: _____ Address: _____	Relationship to child: _____ City/Zip: _____		Emerg'cy list Y N	Pick-up list Y N

Child Protection List

The following individuals are NOT AUTHORIZED to pick up my child or to give permission for medical treatment of any kind.

Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____

Please be aware that we cannot deny a parent or legal guardian access to your child unless we have a copy of the restraining order.

Comments: