

# Our Savior Lutheran Preschool On Site Walking Field Trip

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 Preschool.

I understand that if my child's class has the opportunity to take an occasional, educational fieldtrip by car, bus, or foot, I will be given a Fieldtrip Consent Form to sign and return to the Preschool.

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING

## CONSENT FOR EMERGENCY MEDICAL TREATMENT- Children's Residential Facilities

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

Our Savior Lutheran ECDC

FACILITY NAME

TO PROVIDE ALL EMERGENCY MEDICAL OR DENTAL CARE

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

NAME

THIS CARE MAY BE GIVEN UNDER WHATEVER

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

( )