

Authorization Form

1. Authorization For Emergency Medical Care

I/We -----hereby give my/our permission to Chatham School House to call a doctor or emergency squad for my/our child -----should an emergency arise. It is understood that a conscientious effort will be made to locate me/us before medical action will be taken, but if this is not possible , the expenses of emergency medical care or treatment will be accepted by me/us.

Parent/Guardian
Date

2. Permission To Be Photographed

I/We give permission for my/our child to be photographed in the company of the staff of Chatham School House.

Parent/Guardian
Date

3. Permission To Go For A Walk In Case Of Emergency Evacuation

I/We give permission for my/our child to go for a walk in case of an emergency evacuation in the company of the staff of Chatham School House.

Parent/Guardian
Date