

**Kinder World
Preschool and Child Care**

Emergency Pickup and Consent for Medical Treatment

Please print and complete both forms

Child's name _____ Birth date ____/____/____

Home Phone _____ Address _____

Mother _____ Work _____ Cell _____

Email _____

Father _____ Work _____ Cell _____

Email _____

Out-of-the-area emergency contact _____ Phone _____

In case of emergency evacuation we will relocate to Duane's Auto Body (across the street from Kinder World).

As the parent or legal guardian I give consent to Kinder World Preschool and Child Care to approve all emergency medical or dental care as prescribed by a licensed physician (MD) or dentist (DDS) for (child's name) _____.

Please sign below to acknowledge that you have read this notice.

Signature _____ Date _____

This is my legal signature and all sign in/out sheets must be signed this way.

Kinder World Preschool and Child Care requires that the authorized pick-up list be the same as what is on file with Child Action, Cal-Works, Alta Regional and P.A.C.E. Please request from your case worker the list of authorized people, so that we can verify who can sign your Child Action, Cal-Works, Alta Regional and P.A.C.E. sign in/out sheet. Without this verification, you may be required to make payment. Child Action, Cal-Works, Alta Regional and P.A.C.E. will only pay if the person signing the in/out sheet is authorized to do so. Any person authorized to pick up your child must provide a valid photo ID at the time of pick-up.

Form#733B 7/10

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