# Peter Pan

y Sus Amigos Preschool

## Form 4

I, _____ and _____
*Parent Name* *Parent Name*

hereby give consent for my child, _____ to receive emergency medical care. I understand that a reasonable effort will be made to locate me before emergency action will be taken. I understand that I will be notified as soon as time and conditions permit.

My hospital preference is: Grand River Health 501 Airport Rd. Rifle CO. 81650, Phone 970- 625-1510

I assume full responsibility for any medical treatment and care for my child. I assume full responsibility for all costs incurred as a result of medical treatment. I understand that Peter Pan y sus Amigos LLC does not carry health insurance for the children.

You and your child, as well as your heirs, executors and assignees do forever discharge Peter Pan y sus Amigos LLC, from any claims, and/or causes of action for any injury, illness or other damage to person or property resulting from the placement and daily activities of your child in care at Peter Pan y sus Amigos ,LLC.

As parent of said child, I have read and fully understand the contents of this document, Peter Pan y sus Amigos, LLC Policies and Procedures and agree to all terms within.

| | |
|---|---|
| _____ | _____ |
| Parent Signature | Parent Signature |
| _____ | _____ |
| Date | Date |

**For annual renewal purposes only: I certify that I have reviewed this information and there are no changes.*

| | |
|---|---|
| _____ | _____ |
| Parent Signature | Parent Signature |
| _____ | _____ |
| Date | Date |