

## **Authorization Form**

### 1. Authorization For Emergency Medical Care

I/We -----hereby give my/our permission to Little Angels 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 Little Angels School House.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date