



Circle of Friends Preschool

1211 Manitou Road

Hilton, NY 14468

392-4010

EMERGENCY TREATMENT CONSENT FORM

The undersigned, parent or guardians of _____
do hereby authorize and request that in the event of an accident or sickness of the said
child while at Circle of Friends Preschool, any school personnel, whether paid or unpaid,
to take my child to a hospital or to a doctor for emergency care, if unable to notify a
parent or designated emergency contact.

The undersigned also authorizes any hospital or doctor to examine and treat my child for
such emergency, accident or sickness.

Mother's Signature

Father's Signature

Date: _____