

Staten Island Early Childhood Center
467 St. Marks Pl, SI NY 10301
718-447-7726

Date: / /

Child's Name _____

MEDICAL RELEASE

In case of emergency, the Staten Island Early Childhood Center will attempt to reach children's parents or guardian or otherwise given instructions. If either or the above parties is not available, I give my consent for my child to receive emergency medical care.

The parents/legal guardian will assume the necessary care for the child's recovery as prescribed by the doctor. We understand that any fees that may occur during medical treatment will be billed and paid by child's legal parent/legal guardians.

Parent's Signature

NEIGHBORHOOD TRIP RELEASE

I GIVE PERMISSION TO THE Staten Island Early Childhood Center to take care of my child/children on the Neighborhood walking trips during the school year. I understand that these trips are planned for the enrichment of the total program.

Parent's Signature