

Child's Name \_\_\_\_\_

## **Emergency Treatment Release**

In the event of an illness or accident which requires immediate medical treatment at a time when a parent cannot be located, I give permission for the Staff of CrossRoads Preschool to authorize such treatment. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, and other persons listed for emergency contact.

Date \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_