



Consent for Medical Care & Treatment of Minor Children

I, _____ (parent/legal guardian), hereby give permission that my child, _____, may be given emergency treatment to include first aid and CPR by a qualified staff member at Dizzy's Tumblebus & Bus Stop. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health in case I cannot be contacted. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Signature of Parent/Guardian

Date

Promotions Use Permission

Dizzybus Preschool requests your permission to use your son or daughter's photograph in Dizzy's Tumblebus & Bus Stop promotional materials. Periodically we take pictures and videos for commercial use of the children during their preschool activities. We use them for our brochures, website and advertising materials. They are for exclusive use by Dizzy's Tumblebus & Bus Stop and names are NEVER used.

_____ YES, this is acceptable

_____ NO, this is not acceptable.

Signature of Parent/Guardian

Date