Permission to Obtain Medical Treatment

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give Wittenberg Lutheran Preschool staff permission to obtain emergency medical treatment for my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

A health record shall be maintained in the center for each child enrolled. WLPP needs a copy of your child’s current South Carolina Certificate of Immunization. Please provide Wittenberg Lutheran Preschool with a copy of your child’s Immunization record as soon as possible. All information will be kept in a locked filing cabinet.

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Parents Signature Date