



Will you permit your child to leave my home when he/she is under my care to visit in the neighborhood?

YES \_\_\_\_\_ NO \_\_\_\_\_

Places you will permit your child to visit

\_\_\_ PARK

\_\_\_ SHOPPING CENTER

\_\_\_ NEIGHBORS HOUSE

\_\_\_ OTHER

\_\_\_ POOL

---

**Consent for Medical Treatment**

As the Parent, Agency Representative or Legal Guardian, I Hereby give consent to Dawn Cronin to provide all emergency dental or medical care prescribed by a duly Licensed physician<M.D.> osteopath or dentist for\_\_\_\_\_

This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Date\_\_\_\_\_ Parent Signature\_\_\_\_\_