



**Cordova Bay Preschool**  
5182 Cordova Bay Road  
Victoria BC V8Y 2K8  
Cordovabaypreschool.org

BY MY SIGNATURE BELOW I ACKNOWLEDGE THE FOLLOWING:

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS, IF I CANNOT IMMEDIATELY BE REACHED

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

Parent/Guardian's Name : \_\_\_\_\_

Parent/Guardian's Signature : \_\_\_\_\_

Date : \_\_\_\_\_