



Grinnell Community Early Learning Center

Medical and Dental Consent Grinnell College Reunion Weekend

I, _____ (parent or guardian) of
_____, age(s) _____,

do hereby give my permission and/or consent to the staff of the Grinnell Community Early Learning Center, Grinnell, Iowa, to secure and authorize such emergency medical/dental care and/or treatment as my child(ren) might require while under the supervision of the center. I also agree to pay for the entire costs and fees contingent on any medical/dental care and/or treatment for my child(ren) as secured or authorized under this consent.

Parent or Guardian's Signature _____ Date _____

Please email this form to: reunionhelpdesk@grinnell.edu.

*Every effort will be made to notify parents immediately in case of an emergency.