



RRUMC PRESCHOOL

AUTHORIZATION FORM

I hereby authorized the Director and /or staff of Rio Rancho United Methodist Church Preschool to all necessary medical (including First Aid) care for my child, _____, while he or she is the care of Rio Rancho United Methodist Church Preschool.

SIGNATURE OF PARENT/GUARDIAN: _____

State of New Mexico, County of _____

Subscribed and sworn to before me on this _____ day of _____, 20____.

Notary Public

My commission expires on: _____

Notary Public Name (Printed): _____

Notary Public Signature: _____