





**Authorization for Emergency Medical Attention**

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician \_\_\_\_\_ Emergency Medical Care Facility \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_

I give consent for the facility to secure any and all necessary emergency medical care for my child.

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

**Attendance**

My child will normally be in attendance the follow days and times:

Monday from: \_\_\_\_\_ to: \_\_\_\_\_  
Tuesday from: \_\_\_\_\_ to: \_\_\_\_\_  
Wednesday from: \_\_\_\_\_ to: \_\_\_\_\_  
Thursday from: \_\_\_\_\_ to: \_\_\_\_\_  
Friday from: \_\_\_\_\_ to: \_\_\_\_\_

**Special Needs**

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during that past 12 months, and medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of: If not applicable, initial here \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Photo Release**

From time to time our facility may take photographs for educational use. I give consent for the facility to take photographs of my child.

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

**Outside Employment**

I understand that the staff at this facility are prohibited in participating in outside employment with parents.

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

**Social Networking**

I understand that the staff at this facility are prohibited in participating in social networking activities with parents and children enrolled at the facility. *(Such as Facebook, MySpace, and Twitter)*

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

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date