

Authorization Form

Name of Student _____ first day of school _____
birthdate _____ Nickname _____ age at entry to school _____
Previous schools attended _____

ALLERGY ALERT: Does your child have allergies? No ___ yes ___ to what? _____ list on back of page

Parent(s) / or Guardian(s) Contact Information:

Name _____ relationship _____

Home address _____

phone number _____ Work number _____

Name _____ relationship _____

Home address _____

phone number _____ Work number _____

*In case of an emergency, we ALWAYS try and contact the parents first. We are **required** to have at least one Emergency Contact other than the parents who will be authorized to pick up your child from school.

1. Name _____ relationship _____

phone number _____ Alt phone number _____

2. Name _____ relationship _____

phone number _____ Alt phone number _____

Who is your medical provider _____

Policy number _____ Group Number _____

Any other pertinent insurance information:

MY signature gives permission for the following:

In an emergency, the child care facility has my permission to call an ambulance or to take my child to any available physician or hospital at my expense and to obtain medical treatment for my child. In most emergencies 911 is called and child is transported to the nearest hospital and see by a doctor on call. (Parents are always notified as soon as possible.)

Prescription medications must be current and require a signed medication permission slip each day you wish to have the medication administered.

Please list any restrictions to permission:

My child may be given non-prescribed medication as indicated on the container, including sunscreen, children's pain reliever, and antibacterial first aid cream. (Parents will be contacted before these are administered.) YES ___ NO ___

My child may be taken on neighborhood walking excursions, under state required supervision of the teachers. Yes ___ NO ___

My child may be photographed for publicity or news purposes YES ___ NO ___

Parent/ Guardian signature _____ date _____