

Emergency Authorization Form

Child's Name _____

Home Phone _____

Birth Date _____

Child's Soc. Sec.# _____

Mother's Name _____

Father's Name _____

Employed At _____

Employed At _____

Bus. Phone _____

Bus. Phone _____

Names of friends or relatives to call, if you cannot be reached:

1. _____ Phone _____ or _____

2. _____ Phone _____ or _____

Physician to be called in an emergency:

1. _____ Phone _____ or _____

2. _____ Phone _____ or _____

Dentist to be called in an emergency:

1. _____ Phone _____ or _____

I hereby grant permission for the director or supervisors staff person to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.

2. Attempt to contact the child's physician.

3. Attempt to contact a parent through any of the persons listed on the emergency information form you completed for us.

4. If we cannot contact you or your child's physician, we will do any or all of the following: (a) Call another physician or paramedics, (b) call an ambulance, (c) have the child taken to an emergency hospital in the company of a staff member.

5. Any expenses under 4, above, will be borne by the child's family.

Date _____ Signature _____
(parent or legal guardian)

Parental Agreement (Form 3)

Permission Form for _____ Dated _____

Emergencies

I hereby give my permission to the _____ staff to act in a medical emergency situation and for appropriate medical staff to administer emergency medical treatment to my child.

signed _____

Impromptu Walks

I hereby give my permission for my child to go on impromptu walking field trips in the neighborhood. This includes walks around the block, (list specific parks, etc.) the Fire Hall and the adjoining neighborhood.

signed _____

Photographs

I do _____ I do not _____ give my permission for my child to be photographed in the program, program functions and field trips and the photographs to be displayed. I understand that the photographs may be taken by school staff, professional photographers, news media or other parents. I understand that I will be notified if any photos are to be used for publicity purposes and that I have the right to refuse permission.

signed _____

Pick-Up Authorization

The people listed below have my authorization to pick up my child from the program. I will inform my child's director/teacher, each time a special pick-up is necessary.

Name	Relation to Child	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

These people are NOT allowed to pick up my child.

Name	Relation to Child
_____	_____
_____	_____

Child's Name _____ Date _____

Parent's Signature _____