

ANNUAL AUTHORIZATION FORMS

Authorization for Emergency Medical Care



I, _____ hereby give my permission for _____ to call for medical or make surgical decisions for my child, _____, should an emergency arise. It is understood that a conscientious effort will be made to locate me before emergency action/decision will be taken, but if this is not possible the expenses of emergency medical treatment or care will be accepted/paid by me.

Hospital of choice: _____

Permission for Trips

I give permission for my child to go on trips away from the premises of the Family Child Care facility, in the company of a responsible adult, whether **on foot** or **by vehicle**.

Permission for Transportation to and from School



I give permission to _____ Family Child Care Provider to transport my child to and from _____ School in _____ seating _____
(name of provider) (name of school)

Permission for Participation in Activities

I give permission for my child to participate in all program activities except for the following:

Permission to use sunscreen ___ Y ___ N; Lotion: ___ Y ___ N; Bug spray ___ Y ___ N; Diaper Cream ___ Y ___ N Other _____ Y ___ N

Media Use: My child may participate in the use of media as listed in the contract and any provider deemed appropriate computer/video games. There will be no higher rating than E/PG for any of these items.

YES ___ NO ___ Except the following: _____ Time frame: _____

Parent/Guardian _____ Date _____ 2016

Parent/Guardian _____ Date _____ 2017

Parent/Guardian _____ Date _____ 2018

Parent/Guardian _____ Date _____ 2019

Additional comments/parameters. Use the back of this sheet if needed.