



PERMISSION TO PARTICIPATE IN CENTER ACTIVITIES & MEDICAL AUTHORIZATION

NAME OF CHILD: _____

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the center, and to leave the center premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle. This includes using areas included in the property surrounding the center (front, side and back yards, toddler fenced play area, and nature walks).

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian, the child's physician, or the persons listed on the emergency information form.
2. If we cannot contact you or your child's physician, we will do one or both of the following:
 - a. call another physician or paramedics
 - b. have child taken to an emergency hospital in the company of a staff member.
3. Any expenses incurred under 2, above, will be born by the child's family.
4. The center will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
5. The center WILL NOT assume responsibility for a child who has not been signed in upon arrival for the day.

MEDICAL AUTHORIZATION: The undersigned, who are the parent(s) or guardian(s) having legal custody of the above named minor, hereby authorize the above named child care center, into whose care the above named minor has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor under the general or special supervisor and upon the advice of a physician and surgeon licensed under the provision of the Medical Practice Act, or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

The undersigned further authorize the above named childcare center to have the above named minor released into custody of its representative, should hospital care no longer be required. This form is to be used ONLY in an extreme EMERGENCY, when said parent(s) or guardian(s) who cannot be contacted or are unavailable.

Signed _____
(Parent or Guardian)

Date _____