

Parent Authorization Form

Child's name: _____

Date of Birth: _____

Parents Email Addresses:

Preferred contact: Phone, Text or Email? _____

Pick-Up Authorization

I give permission to the following persons to pick up my child from the First Presbyterian Child Development Center. I understand that the persons listed must show proper ID before taking my child from the center.

Name	SCDL#	Phone#
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1.		
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2.		
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3.		
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4.		
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5.		
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Parent/Guardian Signature _____ Date _____

Emergency Contacts

In the event of an emergency, when I cannot be reached, I give permission to the following people to make decisions for my child.

Contact Name _____ relationship to child _____ phone # _____

1. _____

2. _____

3. _____

4. _____

Parent/Guardian Signature _____ Date _____

Emergency Medical Release

I give permission for the staff at First Presbyterian Child Development Center to administer basic first aid and/or CPR to my child, if needed. I give permission for my child to be transported to the Emergency Room at _____ (name of preferred hospital), by the Emergency Medical Squad if necessary.

Parent/Guardian Signature _____ Date _____

Medication

I give my permission to the Staff at First Presbyterian Child Development Center to administer prescription and over the counter medication to my child. Prescription medication must be in its original container with my child's name on it. *Any medication (Rx or over the counter) to be given to my child must be accompanied by a doctor's signed note indicating the correct dosage and times to be administered.*

Parent/Guardian Signature _____ Date _____

Handbook Policies

I have read and understand the Discipline Policy and all other policies and procedures outlined in the Parent handbook of the First Presbyterian Child Development Center. I understand these policies and procedures have been set forth for the protection and well-being of my child.

Printed Name_____

Signature_____Date_____

Transportation

I give permission for the First Presbyterian Child Development Center Staff to transport my child on field trips when prior notification has been given.

In an event of an extreme weather emergency, I give permission to the First Presbyterian Child Development Center to transport my child to a safe location.

Parent/Guardian Signature_____Date_____

Picture Publication

We take pictures of the activities at the center and publish these in the church newsletter, brochures, on the church website, on our Facebook page and in local news publications. We do not publish children's names.

_____My child's photograph may be published.

_____My child's photograph may not be published.

Parent/Guardian Signature_____Date_____

Flip flop/Sandal Waiver

I give permission for my child to wear flip flops and/or open toed sandals to the First Presbyterian Child Development Center. I will not hold the center liable in the event that my child is injured due to these types of foot wear.

Parent/Guardian Signature_____Date_____