

## Authorization Form

### ⌘ Authorization for Emergency Medical Care

I hereby give my permission to \_\_\_\_\_ to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child/children, \_\_\_\_\_.

It is understood that the childcare provider will make a conscientious effort to locate the parent/guardians and emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate emergency contacts listed treatment will not be delayed. I/we will accept the expense of emergency transportation, medical or surgical treatment.

### ⌘ Field Trips

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

### ⌘ Transportation

I give permission for my child/children to be transported to and from this school:

\_\_\_\_\_ School.

### ⌘ Activities

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

\_\_\_\_\_

⌘ Parent/Guardian signatures: \_\_\_\_\_ Date \_\_\_\_\_