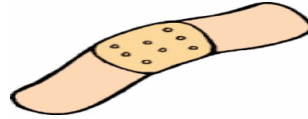


ANNUAL AUTHORIZATION FORMS



Authorization for Emergency Medical Care

I, _____, hereby give my permission to _____ to call for medical or surgical care for my child, _____, should an emergency arise. It is understood that a conscientious effort will be made to locate me before emergency action 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.
(name of provider) (name of school)

Permission for Participation in Activities

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

_____.

I give my permission for sunscreen to be applied to my child before going outside. The sunscreen will be provided by me ____ or by the provider ____ or both ____ (please check one).

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

YES ____ NO ____

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

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