



**Family Child Development Center
Emergency and Permission Authorization Form**

Child's Name _____ Birth Date _____
 Address _____ Zip _____ Phone _____
 Mom's Name _____ Work/Other Phone _____
 Dad's Name _____ Work/Other Phone _____
 Last DTP _____ Allergies _____ Meds _____
 Doctor's Name _____ Phone _____
 Clinic _____ Address _____
 Dentist Name _____ Phone _____
 Clinic _____ Address _____

If parents cannot be reached in an emergency the following people are authorized to pick up my child: **(you must list two contacts, identification will be required by contacts at time of pick-up)**

Name(s) _____ Relationship _____ Phone # _____
 Address _____ City _____
 Name(s) _____ Relationship _____ Phone # _____
 Address _____ City _____

I **do not** give my child permission to leave FCDC with: _____

Authorizations for Emergency Procedures: I give permission to FCDC for the following:

1. To take whatever emergency measures (e.g. first aid, disaster evacuation, calling of 911, etc.) are judged necessary for the care and protection of my child while he/she is under the supervision of the program.
2. To have my child transported to North Memorial by local emergency squad (911) if that emergency team deems it is necessary. If the emergency services are needed as a result of an accident or injury, I understand that my child will be transported and treated at the expense of the parent.
3. To take any emergency measures, such as the ones identified above, before contracting me if it is judged necessary for the care and protection of my child.

Please note: You may cross out and initial any area in which you do not wish to give permission.

My signature indicates that I have read and understood the above permission authorizations, and that I grant permission as indicated.

PARENT SIGNATURE _____ **DATE** _____

Special Authorizations: I give permission to FCDC for the following:

1. I give permission for FCDC to take my child on supervised neighborhood walking trips.
2. To take photographs of my child to be used for classroom purposes (such as a photo album, field trip display board, cubby tags, class projects, etc.)
3. To take photographs of my child to be used for publicity for the program (such as enrollment tours, in-center presentations, annual report, FCDC website, etc.)
4. To apply insect repellent to my child during outdoor play if there is a heavy infestation of mosquitoes(labeled product provided by the parents)
4. To apply sunscreen to my child during outdoor summer play (provided by the center for a fee or by the parent)
5. To apply lip balm, skin moisturizer and diaper cream to my child as needed (labeled product provided by parent)
6. To include our family's name, address, and phone number in an all-program directory.
7. To distribute our family's name, address, and phone number to other families in my child's class. I understand that these lists are not intended for commercial purposes.
8. To use our family's name when approaching a parent's place of employment for a contribution.

Please note: You may cross out and initial any area in which you do not wish to give permission.

My signature indicates that I have read and understood the above permission authorizations, and that I grant permission as indicated.

PARENT SIGNATURE _____ **DATE** _____