



FCDC

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 _____
 Doctor's Name _____ Phone _____
 Clinic _____ Address _____
 Dentist's Name _____ Phone _____
 Clinic _____ Address _____

Authorizations for Permission to Pick Up Child

You must list two contacts, identification will be required by contacts at time of pick-up.

If parents cannot be reached in an emergency the following people are authorized to pick up my child:

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

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

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

Parent Signature: _____ **Date:** _____

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 contacting 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:** _____

Health Insurance Coverage to be used in an Emergency: Insurance Company: _____

Policy/I.D. #: _____ Name of Insured: _____

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 (photo album, field trip display board, cubby tags, class projects, GOLD online assessment tool, 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 use my child's photo on private social media sources, including Instagram and Facebook.
5. To include our family's name, address, and phone number in an all-program directory.
6. To use our family's name when approaching a parent's place of employment for a contribution.
7. I give permission for my child's health care provider to share information about health exams, illnesses and immunization to all authorized FCDC personnel, federal and state agencies as required by law, and accrediting organizations.

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:** _____