

Permission Given For The Following

In an emergency, the childcare home/facility has my permission to call an ambulance or take my child to any available physician or hospital at my expense.

Y N

In an emergency, the child care home/facility has my permission to obtain medical treatment for my child, except for the restrictions listed

Y N

My child may be given prescribed medicine, when instructed by parent (as prescribed by doctor)

Y N

My child may be given non-prescribed medicine, as instructed by parent

Y N

My child may be taken on field trips or excursions by bus or private motor vehicle, under required supervision

Y N

My child may participate in swimming or other water activities

Y N

My child may be photographed for publicity or news purposes

Y N

Please Indicate Your Child's Schedule

Summer

Days a Week (2,3,5 option)

Times

Camps

Fall

Days a Week (3,4,5 option)

Times