

Annual Parent Authorizations Family Child Care Home

Authorization for Emergency Medical Care

I, _____, hereby give my permission for _____ to call for medical services and/or make surgical decisions for my child, _____ should an emergency arise. It is understood that a conscientious effort will be made to locate me before emergency actions/decisions will be taken. If this is not possible, the expenses of emergency medical care will be accepted and paid by me.

Hospital of Choice: _____

Initial _____

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**.

Initial _____

Permission for Transportation to and from School

I give permission to _____ Family Child Care Provider to transport my child to and from _____ School in the following vehicle: _____ seating _____ # of children.

Initial _____

Permission for Participation in Activities

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

_____ Initial _____

Additional Permissions to Apply Non-Prescription Creams/Sprays/Ointments *(circle one for each)*

Sunscreen	Yes	No	Lotion	Yes	No	Bug Spray	Yes	No
Diaper Cream	Yes	No	Other (list)	Yes	No	Other (list)	Yes	No

Permission for Media Use

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

(circle one) Yes No Except the following: _____

Acceptable Time Frame: _____

Initial _____

Parent/Guardian _____	Date _____	2015
Parent/Guardian _____	Date _____	2016
Parent/Guardian _____	Date _____	2017
Parent/Guardian _____	Date _____	2018
Parent/Guardian _____	Date _____	2019

Additional Comments/Requirements/Instructions: