

Authorizations

My child, _____ will be brought to the Academy by _____
 _____ . My child will be brought to the Academy at _____ a.m. and
 will be picked up regularly about _____ p.m. by _____.

Each day when my child is brought to the Academy, he/she will be escorted to the appropriate classroom and left in the care of a staff person.

The individuals listed below are authorized to pick up my child or to assume responsibility for my child in case of emergency, accident or illness. If none of the people listed are available, I give permission to the Academy staff to make a plan for the care of my child. **It is required that someone other than the parent be listed in case of an emergency.**

 Signature of Parent/Guardian Date

Please List Parent/Guardian First

Employee's Name	Relationship
Work Phone	Home Phone
Name	Relationship
Work Phone	Home Phone
Name	Relationship
Work Phone	Home Phone
Name	Relationship
Work Phone	Home Phone

Release for Emergency Care

In the event that I cannot be reached or make arrangements for emergency medical attention at the time of illness or accident, I hereby authorized the Academy to take my child, _____, to:

Physician _____ Address _____ Phone _____

or to:
 Hospital _____ Address _____ Phone _____

I hereby give my consent to the physician and /or hospital to administer any necessary treatment to my child. I give consent to transport my child by ambulance if the situation warrants it.

Child's Date of Birth _____ Date of Last DPT or Tetanus _____

Allergies _____ Chronic Conditions _____

Name of Insurance Company Covering Child _____

Policy Number _____ Group Number _____ Date of Expiration _____

 Signature of Parent/Guardian Date