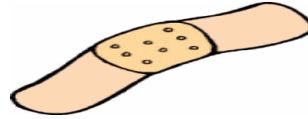


ANNUAL AUTHORIZATION FORMS



Authorization for Emergency Medical Care

I, _____ hereby give my permission for Hearts in Hand Child Development Center to call for medical attention or make surgical decisions for my child, _____, should an emergency arise. It is understood a conscientious effort will be made to locate me before emergency action/decision will be taken, but if this is not possible, the expenses of emergency medical treatment or care will be accepted/paid by me.

Hospital of choice: _____

Permission for Trips (Scheduled, Unscheduled and In-Case of Emergency)

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.



Permission for Transportation (Field trips 3 and older)



I give permission to Hearts in Hand Child Development Center to transport my child to and from prearranged field trips. I understand that my child may ride in the van with a carseat or in the bus with the provided safety harnesses. I understand that I may need to provide a carseat.

Permission for Participation in Activities

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

_____.

Permission to use sunscreen ____Y ____N; **Lotion:** ____Y ____N; **Bug spray** ____Y ____N;
Diaper Cream ____Y ____N **Other** _____ ____Y ____N

Media Use: My child may participate in the use of media (tv, music, movie, etc) as listed in the handbook and any provider deemed appropriate computer/video games. There will be no higher rating than E/G/PG.

YES ____ NO ____ Except the following: _____ Time frame: _____

Parent/Guardian _____ Date _____ 2016

Parent/Guardian _____ Date _____ 2017

Parent/Guardian _____ Date _____ 2018

Parent/Guardian _____ Date _____ 2019

Additional comments/parameters. Use the back of this sheet if needed.