

GC-B Childcare Center Permission Form

Child's First Name

Child's Last Name

Date of Birth

Persons Authorized to pick up my child / children

Persons NOT Authorized to pick up my child/children

Field Trips/Non-Center Activities: I give permission for my child to participate in all activities and field trips that involve my child being transported to or from the Center with the childcare staff.

Check One

Yes

No

Photographs: I give permission for my child to be photographed while participating in Center activities to be used in newsletters, newspapers, and website articles pertaining to the Center and the school.

Check One

Yes

No

Non-Prescription Topical Medicines: I give permission for my child to have sunscreen, bug spray, etc. applied as necessary while at the Center.

Check One

Yes

No

Accident/Illness Emergency First Aid/Medical Care: I give permission for emergency first aid and/or medical/surgical treatment to be given to my child for accidents or illnesses that may arise while in the care of the Center and will hold staff, Center, and school harmless. Every attempt to contact the parent first, if possible, will be made.

Check One

Yes

No

Parent Signature

Today's Date