

To Be Completed By A Parent, Guardian, or Authorized Representative

Child's Name:	Birthday:	Today's Date:
Home Phone:	Work Phone	
Parent/Guardian/Authorized Representative's Name:		

Emergency Medical and First Aid

- I hereby authorize the staff and directors of Grace Early Learning Center to give consent for any and all necessary emergency medical and first aid care for my above-mentioned child, while he/she is in Grace Early Learning Center's custody.

Parent/Guardian/Authorized Representative's Signature:

Today's Date:

Photography for Publicity Purposes

- I give permission for Grace Early Learning Center to take photographs of my above-mentioned child, for publicity purposes.

Parent/Guardian/Authorized Representative's Signature:

Today's Date:

Ride/Walks on Campus

- I give permission for Grace Early Learning Center to take my above-mentioned child on buggy rides, walks to the pavilion, or walks to the soccer fields. I am aware that these areas are outside the fenced vicinity, but know that my child will be under the watchful eye of teachers and that the teacher-to-child ratio will be maintained at all times.

Parent/Guardian/Authorized Representative's Signature:

Today's Date:

Sun Block

- I give permission for Grace Early Learning Center to apply sun block on the exposed skin of my above-mentioned child, prior to any outdoor activity.

Parent/Guardian/Authorized Representative's Signature:

Today's Date: