

Authorization Forms

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

**The parent(s) of each registrant must complete this form annually*

I _____ hereby give my permission to **CASA POWELL FAMILY CHILDCARE** to call for medical or surgical care for my child _____ should an emergency arise. It is understood that a conscientious effort will be made to locate me before emergency action will be taken, however if this is not possible the expenses of the emergency medical treatment or care will be accepted by me. This authorization also includes the administration of Syrup of Ipecac which will only be given in the event that **CASA POWELL FAMILY CHILDCARE** calls the Poison Control Center and is directed to administer the syrup.

AUTHORIZATION TO USE TOPICAL PREPARATIONS

I _____ give authorization for **CASA POWELL FAMILY CHILDCARE** to use topical preparations on my child _____ including, but not limited to, petroleum jelly, diaper rash ointment, sunscreen and bug sprays, for preventative care.

Parent/Guardian

Parent/Guardian

Date

Date

PERMISSION FOR PICK-UP

I _____ give permission for **CASA POWELL FAMILY CHILDCARE** to release my child to the following person when I am unable to pick him/her up. I have notified this person that they must show their ID when picking up my child or he/she will not be released.

Name/Relationship _____

Parent/Guardian

Parent/Guardian

Date

Date

I have read and signed required authorization forms –

_____	_____	Emergency Medical Care
_____	_____	Topical preparations
_____	_____	Pick-up