



GRACE
Early Learning Center
Where Children Matter

PARENT AUTHORIZATION

Please fill in form completely and legibly.

AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID

I hereby authorize the staff and director, representing Grace Early Learning Center, to give consent for any and all necessary emergency medical and First Aid care for my child, _____, while he/she is in Grace Early Learning centers custody.

Signature of
Parent/Guardian: _____

LEARNING CENTER PERMISSIONS

- Permission (is/is not) given to photography for publicity purposes.

Signature of Parent or Guardian: _____ **Date:** _____

- I, parent/guardian of _____ give permission for my child to go on buggy rides, walk to the pavilion, and walk to the soccer fields.

I am aware that these areas are outside of the fenced vicinity, but know that my child will be under the watchful eye of teachers and that teacher/child ratio will be maintained at all times.

Signature of Parent or Guardian: _____ **Date:** _____

- I give permission to the staff/director of Grace Early Learning Center to apply sun block on the exposed skin of my child, _____, and prior to any outdoor activity.

Signature of Parent or Guardian: _____ **Date:** _____

GRACE EARLY LEARNING CENTER WOULD APPRECIATE THE RETURN OF THIS COMPLETED FORM TO THE CENTER DIRECTOR PRIOR TO CHILD'S ATTENDANCE AND UPDATED ANNUALLY