

AUTHORIZATION FORM

(To complete registration, please return this form with pupil info. form and \$30 registration fee.)

Child's Name:	Birthdate:
Phone #:	Mom/Dad Cell #:
Address:	
Mom's Name:	Dad's Name:
Mom's Work & phone#:	Dad's Work & phone #:
Doctor:	Doctor's #:
Dentist:	Dentist's #:
Existing medical conditions that emergency personnel should be notified of (drug allergies, recent surgeries, medication, chronic conditions, etc.):	
If neither father or mother can be reached, in case of emergency call: (please include name, address & phone #)	
AUTHORIZATION FOR EMERGENCY CARE: I, _____ (Parent's Name), hereby give my permission to the personnel of the preschool to call a doctor for medical or surgical care for my child, _____ (child's name), should an emergency arise. It is understood that a conscientious effort will be made to locate me before emergency action is taken, but if this is not possible, the expense of emergency medical treatment or care will be accepted by me.	
Signature:	
Authorized persons that may pick-up my child: (Please include phone number and address.)	
FIELD TRIP AUTHORIZATION: I give permission for my child to go on field trips away from the premises of the preschool, in the company of a responsible adult, whether on foot or by vehicle. In the event a car pool by other preschool parents is used, I give permission for my child to ride with said parents, in which case I understand my child will have adequate seat belt/car seat protection.	
Signature:	
The requirements to be a field trip driver are: 1.) No DUI violations in the past three (3) years. 2.) Auto insurance. 3.) Seat belts for each individual child. YES NO (Circle one), I meet the requirements for being a field trip driver.	
For a field trip, I have _____ (#) seat belts for children in my vehicle.	
I have read, understand and authorize the above.	
Date:	Signature: