

Parent Permission for School Age Field Trips and Emergency Contacts

Please print

School staff may plan special field trips for children away from the center. These trips are carefully arranged in advance and shall be supervised by an adequate number of staff members. You will always receive advance notice on all field trips. Please indicate that we have your permission to take your child _____, on these field trips by signing below.

Parent signature: _____ Date: _____

Child's Photo

Emergency Contacts in order of Preference INCLUDING Parents:

Name	Relationship	Phone	Email address
1.			
2.			
3.			
4.			

Authorization for Medical Treatment of a Minor

In the event of an emergency requiring a physician's care, and we cannot reach you, would you like us to call your family physician?
 Yes ___ No ___ If yes, please provide the following information:
 Doctors name: _____ Phone number: _____
 Address: _____ City _____ State: ___ Zip: _____
 I (we) _____ and _____, do hereby state that I am (we are) parent(s)/guardian(s) of _____, a minor child age __, born on _____ who resides with me(us) at _____.
 I (we) authorize for emergency purpose only, a center designated /employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and /or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the state of Florida.

Last Tetanus/Diphtheria Booster: _____

Allergies to drugs, food or other: _____

Please list any special medications or pertinent information:

Allergies

Childs name: _____

Please list the allergies that your child has:

Allergies	Medication
1.	
2.	
3.	
4.	
5.	

Dietary Restrictions

1. _____

2. _____

3. _____

4. _____

5. _____