

## PARENT AUTHORIZATION AND CONSENT

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

**I hereby acknowledge that I have received a copy of the *Parent Essentials Handbook*. I have reviewed and understand all of the Kiddie Academy policies and regulations.**

\_\_\_\_\_  
 (Printed Name)

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

Please place a check (✓) next to each item ( <i>authorized or not authorized</i> )	<u>Authorized</u>	<u>Not Authorized</u>
1. My child may use a cot, blanket and pillow during rest time.	_____	_____
2. Staff may apply the following products to my child.	_____	_____
Diaper Ointment	_____	_____
Diaper Wipes	_____	_____
Diaper Powder	_____	_____
Baby Lotion	_____	_____
Sun Block	_____	_____
Lip Balm	_____	_____
Other: _____	_____	_____
I understand that I must provide and clearly label/date these products.	_____	_____
3. My child <u>may</u> be photographed during activities and field trips and his/her likeness used in marketing materials.	_____	_____
4. My child <u>may</u> participate in nature walks in the neighborhood.	_____	_____
5. My child <u>may</u> participate in outdoor water play activities.	_____	_____

I hereby authorize Kiddie Academy<sup>®</sup> to release my child to the following persons (other than parents):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, in the event such an emergency occurs and I cannot be reached, I hereby authorize Kiddie Academy<sup>®</sup> to provide for transportation of my child to \_\_\_\_\_ (Name of Hospital) (or the nearest hospital) and to secure for my child all necessary medical treatment. I understand that the teachers in the child care center are trained in the basics of first aid and I authorize them to provide my child with first aid when appropriate.

I hereby indemnify and hold harmless Kiddie Academy<sup>®</sup> of \_\_\_\_\_ and its owners, agents and employees against any and all liability for any and all injuries to my child arising from or related to the items listed on this form for which I have provided my authorization.

\_\_\_\_\_  
 Parent/Guardian Printed Name

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

**BI-ANNUAL UPDATES:**