



Parent Permission Form

The Early Childhood Education Center (ECDC) has my permission to provide and/or obtain emergency medical and dental treatment by the child's physician/ dentist or an alternate, if I cannot be reached. If you have no local physician or dentist or your child has not seen one yet, please write "no preference" in the blank or list your personal dentist.

Physician: _____

Dentist: _____

Phone: _____

Phone: _____

Child's full name: _____

<p>I give permission for my child to receive medical care (first aid measure) in the event of an accident or injury.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (check one)</p>	<p>The ECDC has my permission to participate in on-campus filed trips and excursions sponsored by the Early Childhood Development Center.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (check one)</p>
<p>The ECDC has my permission to use lotion on my child (provided by parent) when s/he has chapped hands or face. Please let your child's teacher know of any allergies to this type of product.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (check one)</p>	<p>I understand that information from Child Registration will be available to the teacher, student teacher, or other professionals who work to meet the needs of my child.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (check one)</p>
<p>The ECDC has my permission to use diaper wipes on my child (provided by ECDC) and diaper rash ointment (provided by parent). Please let your child's teacher know of any allergies to these types of products.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (check one)</p>	<p>As a parent of a child at the ECDC, I understand that my child's name may be displayed in places where others may see it. These places may include, but are not limited to sign in sheets, bathroom charts, classroom attendance sheets, hallway cubbies, bathroom cubbies, art/writing cubbies, and artwork</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (check one)</p>
<p>The ECDC has my permission to use insect repellent and/or sunscreen on my child. (Please let your child's teacher know of any allergies to this type of product.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (check one)</p>	<p>The ECDC has my permission to have my child be photographed and video-taped during the time he/she is involved in the Center's program. This will be done for publicity, promotional and educational purposes.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (check one)</p>

I give permission for the following person to take my child home from the ECDC. List ALL persons (even members of the household, with the exception of yourself). **It is essential for you to notify us each time there is to be another arrangement. These persons identified are considered Emergency Contacts if you cannot be reached.**

Name _____ Address _____ Phone Number _____

Name _____ Address _____ Phone Number _____

Name _____ Address _____ Phone Number _____

Authorization:

(Parent's Signature) (Date) (Parent's Signature) (Date)

*BOTH parents must sign if you are a two-parent family or two separate family households. Thank you!