

## PARENT'S AUTHORIZATION FORM

Day Care Name \_\_\_\_\_

Child's Name \_\_\_\_\_

**A. DISCIPLINE:**

Do you understand the discipline policy of the day care? Yes  No

Does this day care use corporal punishment as discipline? Yes  No

If so, do you give your permission for the staff to spank your child? Yes  No  NA

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**B. MEDICINE**

I give permission for prescription and non-prescription medicine to be given to my child.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**C. EMERGENCY MEDICAL TREATMENT:**

I give permission to \_\_\_\_\_ to obtain emergency medical treatment.

*Name of Day Care*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**D. PERSONS AUTHORIZED TO TAKE MY CHILD FROM THE DAY CARE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**E.**

I give permission for my child to be transported to and from the day care. I give permission for my child to be transported on field trips.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**F.**

I give permission for my child to participate in swimming activities.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*