

MEDICAL CARE PERMISSION

According to Section 14 (a) (2) of Public Act 116 of 1973, parents who voluntarily place their children in a child care center must sign an emergency medical/surgical treatment and routine nonsurgical medical care permission statement. I do, therefore, hereby agree that the staff of the Child Development Center may obtain and use the services of a qualified physician or hospital in case of emergency as deemed necessary by said staff. I understand that in the event of an emergency, the staff will attempt to contact me and/or the emergency contact person specified by me.

Signed \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
(Both parents or legal guardian)

MEDICAL RELEASE FOR THOSE WHO REFUSE MEDICAL CARE PERMISSION ON RELIGIOUS GROUNDS

I do hereby agree that I and/or my child(ren) release and hold harmless the Child Development Center and the Foundation for Behavioral Resources from any and all liabilities for any accidents, sickness or injury which may occur to the child(ren) as a result of being enrolled in the Child Development Center.

Signed \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
(Both parents or legal guardian)

RECORDS RELEASE

I hereby agree that the following records kept by the Child Development Center regarding my child may be disclosed to student paraprofessionals involved in Center programs for the purpose of planning individual or group activities involving my child, to ensure continuity of educational services for my child. Said records are: confidential child enrollment form, accident reports, notes from home, health forms, medicine release forms, and psychological reports, if any.

Signed \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
(Both parents or legal guardian)

FIELD TRIP PERMISSION

I hereby give permission for my child to accompany school personnel on educational excursions such as bus trips to orchards, farms, first stations, etc. I understand that each field trip will be announced at least five (5) business days in advance and that I may request that my child not participate.

Signed \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
(Both parents or legal guardian)