

## PERMISSION FORMS

**CARE:** Karin Pruett has my permission to seek and obtain emergency medical /dental or surgical treatment as prescribed by a treating physician for my minor child. I give my permission for my child to be transported by car or ambulance to an emergency center for treatment.

Full Name of Child/Children: \_\_\_\_\_

Birth Date(s): \_\_\_\_\_

Allergies to Med.: \_\_\_\_\_

Special Health Problems: \_\_\_\_\_

Regular Medication: \_\_\_\_\_

Blood Type \_\_\_\_\_ / \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_

Name of regular Doctor \_\_\_\_\_ Name of Insurance Co.: \_\_\_\_\_

Member/Policy Number: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

Employer: \_\_\_\_\_

Karin Pruett shall not be responsible for providing or paying for the child's health care. I agree that neither I or my child will bring any claims of any kind against Karin's Little Helpers Daycare as a result of any injuries, expenses or damages that I or my child may suffer in any way related to the use of our facilities, toys, other children, whether such claims are known or unknown or arise in the future.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICINE:** Karin Pruett has my permission to administer over the counter type medication (Diaper rash ointment, and Sun block) to my minor child/children. \_\_\_\_\_ / \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TRIPS:** Karin Pruett has my permission to transport my minor child/children:

\_\_\_\_\_ / \_\_\_\_\_ in her private vehicle. Trips will not be out of the Colorado Springs area without further permission, and each child will be in the appropriate car restraint.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Karin Pruett has my permission to:

\*Take my child/children on a walk Yes No

\*Take photos of my child/children Yes No

\*Allow my child /children to swim Yes No

\*Give an occasional candy treat Yes No

\*Use photos on Website (Photo and First Name only will appear) Yes No

\*We celebrate all Christian Holidays is your child allowed to participate Yes NO

\*Give my telephone number and address to other parents Yes No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_