Medical Authorization and General Permission

Child’s Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ If emergency medical care is necessary, I give the United Methodist Church Daycare permission for any treatment deemed necessary by a physician and/or the hospital of your choice in the event that my child’s doctor or I cannot be reached.

\_\_\_\_\_ I hereby authorize permission for one of the staff members to administer prescribed medicine to my child as specified by written instructions by the parent.

\_\_\_\_\_ I hereby release, indemnify and hold harmless the United Methodist Church Daycare and its staff for any loss or damage to toys, clothes, or personal articles.

\_\_\_\_\_ I hereby release, indemnify and hold you, your agents and employees harmless from any and all claims, damages, or other liabilities for injuries to or damage by my child which are not a result of gross negligence by the United Methodist Church Daycare, its agents, or employees.

\_\_\_\_\_ I hereby warrant to the United Methodist Church Daycare that I am entitled to legal custody and possession of my child, and accordingly am authorized to place my child in your care and custody, and am further authorized to sign this enrollment form.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_