

**Parental Authorization Form**

Please Read Carefully and Sign Where Indicated

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

**Emergency Medical:** I give the GCS staff permission to administer first aid to my child. In case of an emergency, if neither the parent nor the emergency contact can be reached, I hereby give permission to the physician selected by the GCS staff to hospitalize and secure proper treatment for my child.

\_\_\_\_\_  
Parent's Signature Date

**Syrup of Ipecac:** I do \_\_\_\_ I do not \_\_\_\_ give my permission to the GCS staff to administer Syrup of Ipecac to my child after consultation with the poison control center.

\_\_\_\_\_  
Parent's Signature Date

**Field Trips:** I understand that each field trip will be preceded by a permission slip and detailed information concerning the nature of the trip. I understand that I will be allowed to choose to let my child participate or not participate in each individual trip. I do understand that GCS will be released from all responsibility beyond that of normal supervision for any injuries or damages that might occur on these trips.

\_\_\_\_\_  
Parent's Signature Date

**Handbook:** I have received a copy of the GCS Handbook. I have had an opportunity to ask questions concerning the handbook with and GCS Staff. I understand and agree to all materials stated in the handbook.

\_\_\_\_\_  
Parent's Signature Date

**Photographs:** I do \_\_\_\_ I do not \_\_\_\_ give permission for my child to be photographed.

\_\_\_\_\_  
Parent's Signature Date

**Breakfast:** I understand that it is my responsibility to feed my child breakfast before bringing them to school.

\_\_\_\_\_  
Parent's Signature Date

**Office use only**\*\*\*\*\*

\_\_\_\_\_  
Child Care Director's Signature Date

**Records are updated and signed by parent's no less than once a year.**  
Parent's Signature Date Child Care Initials

\_\_\_\_\_  
\_\_\_\_\_  
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