

The Children's Center, Inc.

PERMISSION AND PROCEDURES

Dear Parents/Guardians:

The following four items are required by the State of Colorado for licensing purposes

1. I give permission for my child to watch videotapes or DVD's at The Children's Center during inclement weather or special events. The Director must approve all videotapes prior to viewing by the children. (Note: The only DVD that is a part of our program is Zoo Phonics.

Parent/Guardian signature _____ Date _____

2. I give permission for my child to attend local field trips as part of The Children's Center programs. You will also be given a separate permission form for each field trip. (Note: Field Trips are not a part of our curriculum).

Parent/Guardian signature _____ Date _____

3. **Please check one:**

_____ I **give** authorization for my child's photo and/or name to be used for marketing purposes.

_____ I **do not** give authorization for my child's photo or name to be used in any form.

Parent/Guardian signature _____ Date _____

4. I give permission for The Children's Center to apply Coppertone brand Water Babies Sun block lotion, SPF 30, when necessary. (Note: Our children are outside for only 20 minutes per day and our playground is in the shade so we will not be applying sunscreen)

Parent/Guardian signature _____ Date _____

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|--|--|-----------------------------|------------------|-------------------------|--|
| Student's Last Name | | Student's First Name | | Student's Date of Birth | |
| Name of Medical Personnel to be contacted in case of emergency: | | | | | |
| Physician Name: | | | Telephone Number | | |
| Street Address | | City | | Zip Code | |
| Dentist Name | | | Telephone Number | | |
| Street Address | | City | | Zip Code | |
| Medical Insurance Company | | Policy Number | | Member Name | |
| Hospital of Choice | | | Address | | |
| Local Emergency Contacts (friends, neighbors) Who Have Permission to Pick up My child: | | | | | |
| Name | | | Telephone number | | |
| Address | | City | | Zip Code | |
| Name | | | Telephone number | | |
| Address | | City | | Zip Code | |
| Authorization | | | | | |
| <input type="checkbox"/> In the event of an emergency and if all efforts to reach me have been unsuccessful, I give authorization for my child to be taken to the nearest Emergency Room and to be treated there by my doctor or his/her substitute. I understand that this authorization will accompany my child and that efforts will continue to be made to reach me. I further agree to assume the financial obligation incurred for such care. | | | | | |
| Signature (Parent or Guardian) | | | Date | | |
| Home Phone Number | | Mother's Cell Phone Number | | Mother's Work Phone: | |
| Father's Work Phone: | | Father's Cell phone number: | | Other Telephone Number: | |
| Please fill out other side→ | | | | | |