Emergency Information

Allergies or intolerance to food, medication, etc.

_____

Child's Physician _____ Phone _____

Two names and addresses of people to contact if parents cannot be reached and relationship to the child.

_____

_____

Person(s) authorized to pick up the child.

_____

_____

Person(s) NOT authorized to VISIT or PICK UP CHILD.

_____

_____

Agreements

The parent/guardian gives authorization for the child to participate in field trips.
_____ Yes _____ No

The Sligo Child Development Center agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian agrees to pick up thereafter as soon as possible.

The parent/guardian authorizes the Sligo Development Center to obtain immediate care if any emergency of occurs when they cannot be located immediately.

My child is toilet trained. _____ Yes _____ No

Pictures. "I give permission for my child's picture to be taken for early center pictures and year book."

Signatures

Parents or Guardian _____ Date _____

Administrator of the Center _____ Date_____

Date Child Entered Care _____ Date Left Care _____