

AUTHORIZATION FORM

1. AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I/we _____ hereby give my/our permission to _____
_____, to call a doctor or emergency squad for my/our child _____

Should an emergency arise. It is understood that a conscientious effort will be made to locate Me/us before medical action will be taken (depending on severity of incident) but if this is not possible, the expenses of emergency medical care or treatment will be accepted by me/us.

Parent/Guardian

Date

2. PERMISSION FOR WALKS

I/we give permission to my/our child to go on walks away from the school in the company of staff of The Blue Kangaroo Day School.

Parent/Guardian

Date

3. PERMISSION TO BE PHOTOGRAPHED

I/we give permission for my/our child to be photographed in the company of staff of The Blue Kangaroo Day School. I/we also give permission for these photographs to be used in our local town newspapers and school website.

Parent/Guardian

Date

4. ACKNOWLEDGMENT OF BABYSITTING POLICY

I/ we understand that no employee of The Blue Kangaroo Day School, past or present, shall be allowed to baby-sit, transport, or otherwise work in my/our employ in reference to the care of my/our child.

Parent/Guardian

Date