



Emergency Care/Releases/Authorization Form

Child _____ DOB _____ Date _____

Parent/Guardian _____ Relationship _____

Home Address _____ Email _____

_____ Phone _____

Employer Name/Address _____

_____ Phone _____

Persons other than above who can be called in emergencies and have permission to pick up my child:

	NAME	RELATIONSHIP	DAY & NIGHT PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Persons who DO NOT have permission to pick up my child or be called:

	NAME	RELATIONSHIP	DAY & NIGHT PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Allergies (foods, medications, dust, bee stings, etc.) _____

Medical Conditions _____

Medications _____

Permission for Medical Treatment

I, _____, the parent/guardian, hereby give permission that my child, _____ may be given first aid/emergency treatment a qualified staff member at Cherish Academy. When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital, or aid car attendant when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center/ hospital for treatment.

Signed _____ Date _____
 Signed _____ Date _____

Permission for field Trips

Field trips and walks are an integral part of the educational program and will be taken periodically to nearby parks, stores, libraries, and so on. I hereby give permission for my child to participate in all activities, field trips and photographs. I give permission for Cherish staff to give my telephone number and address to other parents. I also give permission for my child to travel in vehicles operated by Cherish Academy, by METRO Transit System, and/or private transportation companies. I will be notified in writing of all activities and field trips (other than walks in the neighborhood), prior to the field trip or activity and obtain my specific written permission for my child's participation.

Signed _____ Date _____

Signed _____ Date _____

Physician _____ Phone _____

Date of last Physical _____

Dentist _____ Phone _____

Hospital _____ Phone _____

Address _____

Insurance _____ Policy # _____