



Child Pickup Authorization

Child's Name:

The following individuals have my permission to pickup my child from daycare.

Name			
Phone:	Cell:		
Email:	Alt:		
Address:	City:	CA	Zip:

Name			
Phone:	Cell:		
Email:	Alt:		
Address:	City:	CA	Zip:

Name			
Phone:	Cell:		
Email:	Alt:		
Address:	City:	CA	Zip:

Special Remarks or Concerns:

Under no circumstances will my child be released to anyone other than the individuals named above without prior written authorization.

Sign

Date

parent or guardian



Emergency Transportation and Treatment Authorization

In the event that I cannot be reached to make arrangements for emergency medical or dental care for my child, I Grant / Decline permission for the **Little Violet Daycare**. *(mark one)*

To take my child:

To nearest hospital, medical, or dental facility for treatment for any accident or illness as deemed necessary by the provider.

I accept full liability for all treatment and ambulance expenses.

Signed

Date

parent or guardian

My child's Medical provider is:

Name:

Address:

Phones:

INS #

EMAIL

Decline option: I wish the following action to be taken in the event of medical or dental emergency.

Signed

Date

parent or guardian