



## **2020 AUTHORIZATION STATEMENTS**

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization for Emergency Care:** *I give my permission for Prime Time Early Learning Center and/or any of its employees to seek emergency medical treatment for my child if/when necessary. I understand that every effort to contact parents or guardians listed on this form will be made before any action is taken. I will accept any expenses incurred by the above mentioned emergency medical treatment. I also authorize trained Prime Time employees to administer basic first aid to my child if needed.*

Parent/Guardian Signature: \_\_\_\_\_

**Authorization for Field Trips:** *I give my permission for my child to go on field trips under the supervision of a Prime Time Early Learning Center employee, either on foot or by vehicle.*

Parent/Guardian Signature: \_\_\_\_\_

**Authorization for Photo Use:** *I give my permission for photos and the name of my child to appear in newspapers, advertising, or other media.*

Parent/Guardian Signature: \_\_\_\_\_

**Authorization for Medication:** *I give my permission for trained Prime Time Early Learning Center employees to administer medication to my child. I understand that I must provide any medication in its original container. I also understand that a written prescription from my child's doctor is required.*

Parent/Guardian Signature: \_\_\_\_\_

**Authorization for Information Sharing:** *I give my permission for the staff of Prime Time Early Learning Center and the Wright Stuff Community Foundation to share information in matters related to the health, safety, education and best interests of my child, as well as statistical information required for funding. I herewith release Prime Time Early Learning Center and the Wright Stuff Community Foundation from any and all liability for supplying such information.*

Parent/Guardian Signature: \_\_\_\_\_

**Authorization for Transportation:** *I give my permission for my child to be transported in a Prime Time Early Learning Center vehicle.*

Parent/Guardian Signature: \_\_\_\_\_

**Authorization for Bug Spray:** *I give permission for Prime Time staff to use bug spray on my child.*

Parent/Guardian Signature: \_\_\_\_\_

**Sunscreen:** I give my permission for the staff at Prime Time Early Learning Center to assist with the applying or apply sunscreen to my child's exposed skin including the face, tops of ears and bare shoulders, arms, legs and feet 30 minutes before outdoor activities. If I choose to provide my own sunscreen, I understand I must provide the sunscreen in its original container labeled with my child's name and within the noted expiration date. Sunscreen will not be applied to any broken skin or if a skin reaction had been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian. In the event that my child does not have sunscreen with them, the school may apply in house sunscreen to my child. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it.

- My child may NOT use any sunscreen other than the one that he/she brings.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_