



Child's name: _____

Annual Authorizations

Please note that we will ask you to re-sign these authorizations each year.

I / We hereby give consent to Blooming Littles Learning Center to call the local emergency care facilities or our physician as listed on our registration form for medical or surgical care for my child should an emergency arise. It is understood that a conscientious effort will be made to reach me/us ASAP in any situation where medical services are needed.

I give permission for my child to go on field trips, whether by vehicle or by foot, to public parks, the library, pet stores, etc., with proper supervision and to go to out-of-town locations such as the Children's Museum, the Denver Zoo, etc. with proper supervision and prior notice.

I hereby give consent for Medical Center of the Rockies (2500 Rocky Mountain Avenue Loveland, CO 80538(970) 624-5100) to be my hospital of choice unless I notify Blooming Littles Learning Center otherwise. Insurance information: _____

Blooming Littles Learning Center has my/our permission to use Diaper Rash Ointment on my child (please select one): ___ Yes ___ No

Blooming Littles Learning Center has my permission to use the following on my child:

___ ONLY sunscreen provided by me

___ Any sunscreen provided by me, BLLC or other BLLC families

___ Bug spray (we only use bug spray when we are playing somewhere there are lots of bugs, usually walks near the river, but possibly more often if necessary)

(parent signature)

(date)

(parent signature)

(date)