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### **Child Authorization**

#### **Who is authorized to pick up your child other than yourself:**

Children's Names: \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Permission: (a check indicates permission is granted)**

\_\_\_\_ In an emergency, the child care provider (or substitute) has my permission to call an ambulance or to take my child to a physician, hospital, or dentist at my expense.

\_\_\_\_ I do not wish for my child to have medical treatment

\_\_\_\_ My child may be taken on field trips or excursions by bus or private automobile under supervision.

\_\_\_\_ My child may not be taken on field trips or excursions by bus or private automobile.

\_\_\_\_ My child may be photographed for publicity or news purposes.

\_\_\_\_ My child may not be photographed for publicity or news purposes.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date