

Parent Authorization Form
(PLEASE COMPLETE FORM IN BLACK PEN)

Child's Name: _____ Child's Nickname (if any): _____

Child's Date of Birth: _____

Parent(s) or Guardian(s) Information

For single parents, list your information only here. For two parent households, list both parent's information here.

Name(s): _____

Home Address (Street Address, City, State, Zip) _____

Student ID# Parent 1: _____ Student ID# Parent 2: _____

Cell Phone Parent 1: _____ Cell Phone Parent 2: _____

Other Phone Parent 1: _____ Other Phone Parent 2: _____

Email Parent 1: _____ Email Parent 2: _____

Alternative Emergency Contacts

List full names of adults you authorized to pick up from the center or who can be called in an emergency (do not list parent(s)/guardian(s) listed above). For single parents, include other custodial parent here.

(1) Name: _____ Relationship to child: _____

Cell Phone _____ Other Phone _____ City of Residence _____

(2) Name: _____ Relationship to child: _____

Cell Phone _____ Other Phone _____ City of Residence _____

(3) Name: _____ Relationship to child: _____

Cell Phone _____ Other Phone _____ City of Residence _____

(4) Name: _____ Relationship to child: _____

Cell Phone _____ Other Phone _____ City of Residence _____

(5) Name: _____ Relationship to child: _____

Cell Phone _____ Other Phone _____ City of Residence _____

(6) Name: _____ Relationship to child: _____

Cell Phone _____ Other Phone _____ City of Residence _____

Medical Information

Physician's Name _____ Physician's Phone Number _____

Insurance Company Name or Medi-Cal _____ Policy Number or Medi-Cal # _____

Current Medications (Include Asthma, Allergy, Epi-Pen, Vitamins, Fluoride, Topical Creams/Ointments, Over-the-Counter Medications) _____

Allergies (Food, Medications, Other) / Special Health Considerations _____

In case of an accident or an emergency, I authorize a *Santa Rosa Rise and Shine Child Care* staff member to obtain all emergency or dental care at the nearest emergency hospital and consent to emergency treatment and measures deemed necessary to preserve the life, limb, or well-being of the child listed above.

Parent/Guardian Signature _____ Date _____