



## Good Shepherd Early Learning Center Authorizations/Releases Form

**Authorization for** \_\_\_\_\_  
Child's Name

- I hereby authorize the center staff to care for my child while he/she is in the care of the center and during center sponsored activities. Initial \_\_\_\_\_
- I hereby authorize the center staff to administer and/or secure emergency medical treatment. Initial \_\_\_\_\_
- I hereby authorize the center staff to release my child to only those third party persons listed in the FAMILY REGISTRATION FORM. Initial \_\_\_\_\_
- I hereby authorize my child to participate in a Christian education. Initial \_\_\_\_\_
- I hereby authorize my child to be photographed while at play and under the supervision on the center staff. The pictures may be used for  

<i>Educational Purposes</i>	<i>Y / N</i>
<i>Social Media Purposes</i>	<i>Y / N</i>
<i>Security Purposes</i>	<i>Y / N</i>

Initial \_\_\_\_\_
- I hereby authorize the center staff to apply the following topical products which I will provide: *Diaper Ointment Y / N (Sunscreen & Insect Repellent s/b applied at home)* Initial \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date