PARENTS AUTHORIZATION FORM FOR CDCC & GDCH

A. DISCIPLINE: Do you understand the discipline policy of this day care? Does this day care use corporal punishment as discipline? If so, do you give your permission for the staff to spank your child? Signature Date B. MEDICINE I give permission for prescription and non-prescription medicine to be given to my child. Signature Date C. EMERGENCY MEDICAL TREATMENT: I give permission to Pleasant Grove Academy to obtain emergency medical treatment for my child. Signature Date D. PERSONS AUTHORIZED TO TAKE MY CHILD(REN) FROM THE DAY CARE. Signature Date E. I give permission for my child(ren) to be transported to and from the day care. I give permission for my child(ren) to be transported on field trips.	y Ca	e Name: PLEASANT GROVE ACADEMY Child's Name				
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