

**PARENTS AUTHORIZATION FORM FOR CDCC & GDCH**

Day Care Name: **PLEASANT GROVE ACADEMY** Child's Name \_\_\_\_\_

**A. DISCIPLINE:**

Do you understand the discipline policy of this day care? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Does this day care use corporal punishment as discipline? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If so, do you give your permission for the staff to spank your child? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ N/A

\_\_\_\_\_  
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.

\_\_\_\_\_  
Signature Date