

**S KYLINE LAKES SUMMER PROGRAM**  
**CHILD CARE AUTHORIZATION**

The undersigned parent(s), \_\_\_\_\_  
(Print Parent's Names)

of \_\_\_\_\_  
, (Street Address), (City), (State)

hereby grant(s) Skyline Lakes Property Owners' Association of P.O. Box 278, Ringwood, NJ 07456, the authority to take temporary care of the following child(ren):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This grant of temporary authority shall coincide with any S.L.P.O.A. Activity and/or Program and shall remain effective until terminated by the undersigned or upon the Activity and/or Program's completion.

The above named caretaker(s) shall have the following powers:

The power to seek appropriate medical treatment or attention on behalf of the child(ren) as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits.

The power to authorize medical treatment or medical procedures in an emergency situation.

We agree to the following Parental Consent and Release:

**To hold S.L.P.O.A., it's Agents and Employees, harmless for any injuries or other loss or damage sustained or that might be sustained by our child(ren) as a result of our child(ren)'s attendance and participation in any S.L.P.O.A. Activity, Program and/or Outings and Trips.**

Please list any of the following that may apply:

ALLERGIES: \_\_\_\_\_  
MEDICATION BEING TAKEN: \_\_\_\_\_  
PHYSICAL IMPAIRMENTS: \_\_\_\_\_  
DATE OF LAST TETANUS SHOT: \_\_\_\_\_  
OTHER PERTINENT MEDICAL INFORMATION: \_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Parent's Signature)