



## Authorization For Medical Treatment

The Crystal Palace Early Literacy Zone has my permission to obtain medical treatment for my child, \_\_\_\_\_  
( including the administration of anesthesia if a physician advises surgery) when I cannot be reached or if a delay in reaching my child would be dangerous for him/her.

My insurance provider is

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Numbers or information pertaining to coverage are

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I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in child care.



**Emergency Contact and Permission to Drop Off and Pick Up**

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

X

X

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Mother/Date

Father/Date

**Travel and Activity Authorization**

I give permission for my child \_\_\_\_\_ to leave The Crystal Palace Early Zone for supervised trips which may include short walks. All other field trips that require transportation, a certified licensed school bus company will be used to transport our children.

Field trips are an integral part of our program. Many field trips are local and will be taken on foot. Parents will be asked to sign this blanket permission slip for local field trips upon enrollment. For other field trips, specific permission will be asked for each planned trip. These field trips will be via a hired bus. Any hired bus used by the Center will be equipped with seat belts. Private vehicles will never be used to transport children on field trips. Parents will assume the costs associated with all field trips. This cost will include transportation and any entrance fees of the visiting facility.

List any restrictions

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X

Parent signature/Date

X

Parent Signature/Date

Photography/Observation Permission Form

Full permission and authority is hereby granted to The Crystal palace Early literacy Zone, and its duly appointed representatives to allow educational observations and photographs, film, or videotape of:

Full name of child \_\_\_\_\_ Birth Date \_\_\_\_\_

And to use such photographs and information which may be used for educational, public relations, and other publication purposes related to The Crystal Palace Early Literacy Zone.

X

\_\_\_\_\_  
Parent signature/Date

X

\_\_\_\_\_  
Parent signature/Date

## Religious Observation Form

The Crystal Palace Early Literacy Zone will observe the following religious practices

- Prayer before every meal
- Celebrations/Field Trips associated with holidays such as but not limited to Christmas, Thanksgiving, Easter, & Halloween
- Sing/Dance to religious songs and hymns

Please sign below stating that you are in agreement with your child's participation in the above mentioned religious observations.

X

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Parent Signature/Date

X

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Parent Signature/Date