

# Kids CARE Academy

## Permission Form

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian Name: \_\_\_\_\_

1. I hereby **(do) (do not)** grant permission for my child to use all of the play equipment and participate in all physical activities at Kids CARE Academy.
2. I hereby **(do) (do not)** grant permission for my child to be photographed interacting with peers in learning centers, involved in classroom activities, and during playground activities. These photos will be used within the classroom and on the secure classroom page. This also includes LIVE STREAMING on FB of our seasonal programs.
3. I hereby **(do) (do not)** grant permission for the director or acting director to take whatever steps necessary to obtain emergency medical care in the event of conditions like: loss of consciousness, breathing difficulties, severe bleeding, unequal pupils, seizures, neck or back injury, severe headache, abdominal pain, possible broken bone, or shock. Steps to obtain emergency care:
  1. Attempt to contact parent/guardian
  2. Attempt to contact child's physician
  3. If we cannot contact a parent/guardian or we feel the emergency requires immediate action
    - a. attempt to call another physician
    - b. call an ambulanceCMC Pineville is our recommended hospital.
4. I hereby give permission for FM Kids CARE to administer the following Topical Medications. These must be purchased by the parent and clearly labeled with the child's name.

\_\_\_ Sunscreen

\_\_\_ Lotion

\_\_\_ Lip Balm

\_\_\_ Diaper Cream

\_\_\_ Insect Repellant

\_\_\_ Antibiotic Cream

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